



Criminal Record/Vulnerable Sector Check Disclosure Form

NAME: _____

First

Middle

Last

OTHER NAMES YOU HAVE USED: _____

CURRENT PERMANENT ADDRESS: _____

Street

City

Province

Postal

DATE OF BIRTH: _____ GENDER: _____

Month/Day/Year

EMAIL: _____

Note: Failure to disclose a conviction/sanction for which a pardon has not been granted may be considered an intentional omission and subject to failure of screening requirements as required by Hockey Canada and Flin Flon Minor Hockey Association's (FFMHA) Screening Policy.

1. Have you ever been convicted of a crime for which a pardon has not been granted, including possession or trafficking of an illegal substance? Yes No

If yes, please describe below for each conviction:

Name or Type of Offense: _____

Name and Jurisdiction of Court/Tribunal: _____

Year Convicted: _____

Penalty or Punishment Imposed: _____

Further Explanation: _____

2. Are criminal charges or any other sanctions, including those from a sport body, private tribunal or government agency, currently pending or threatened against you? Yes No

If yes, please explain for each pending charge:

Name or Type of Offense: _____

Name and Jurisdiction of Court/Tribunal: _____

Further Explanation: _____

3. Has any civil court made a finding, judgment or ruling against you, or have you entered into an out of court settlement relevant to the sport of Hockey or any other sport? Yes No

If yes, please describe each finding, judgment or ruling below:

Civil Court Finding: _____ Out of Court Settlement: _____

Type of Offense or Finding: _____

Year of Offense or Settlement: _____

Further Explanation: _____

4. Have you ever been dismissed from a volunteer or coaching position due to allegations of ethical or moral misconduct? Yes No

If yes, please describe below:

Name of applicable Organization: _____

Date of Dismissal: _____

Reason for Dismissal: _____

For more than one conviction please attach additional page(s) as necessary.

Certification

I hereby certify that the information contained in this application is accurate, correct, truthful and complete.

I further certify that I will immediately inform the Organization of any changes in circumstances that would alter my original responses to this Screening Disclosure Form. Failure to do so may result in termination with Hockey Canada/FFMHA and/or further discipline.

Signature: _____ Date: _____

PRIVACY STATEMENT

By completing and submitting this Screening Disclosure Form, you consent and authorize Hockey Canada/FFMHA to collect, use and disclose your personal information, including all information provided on the Screening Disclosure Form, Enhanced Police Information Check and/or Vulnerable Sector Verification for the purposes of screening, implementation of the Hockey Canada/FFMHA's Screening Policy. Hockey Canada/FFMHA does not distribute personal information for commercial purposes.