



WINFIELD MINOR HOCKEY ASSOCIATION CONSENT FOR CRIMINAL RECORD CHECK

FULL NAME: _____
SURNAME GIVEN NAMES

PLACE OF BIRTH: _____
CITY PROVINCE COUNTRY

OTHER NAMES: _____
MAIDEN, BIRTH, ALIAS GIVEN NAME

BIRTH DATE: _____
YEAR MONTH DAY

CURRENT ADDRESS: _____
NUMBER STREET APT. NO.

CITY PROVINCE POSTAL CODE TELEPHONE NO.

Where as I am interested in being considered for a sensitive position of trust and well-being of Winfield Minor Hockey Association participants and I am required by Winfield Minor Hockey Association to disclose whether or not I have any convictions or have been charged under any federal or provincial enactment:

And whereas I understand that disclosure of a criminal record may not necessarily preclude me from performing duties/functions/responsibilities I am interested in:

And whereas I understand that, If Winfield Minor Hockey Association should decide any conviction or charge disclosed might preclude me from being involved, I will be given an opportunity to see and discuss that criminal record to determine whether or not my criminal record indicated that I present a risk to the safety and well-being of all participants.

I therefore, authorize the RCMP, other Provincial Police or Municipal Police Service on my behalf to inquire into and determine whether or not I have a criminal record as well as a vulnerable sector check, and also make to Winfield Minor Hockey Association a full and complete disclosure of any criminal record they may find. I also make this authorization with the understanding that I may be required to provide my fingerprints to verify a criminal record and the fingerprints will be returned to me when the record is adjudicated.

SIGNATURE

DATE