



# APPLICATION FOR MEMBERSHIP HOCKEY NEWFOUNDLAND & LABRADOR

To be distributed and returned by all Associations and Divisions

Application for membership of: \_\_\_\_\_  
Name

In the \_\_\_\_\_ **Minor Division** of Hockey Newfoundland and Labrador.  
Association

## PRIVATE AND CONFIDENTIAL

To be viewed only by  
HNL Risk Management Screening Committee  
32 Queensway, P. O. Box 176  
Grand Falls-Windsor, NL A2A 2J4

This completed Application, Letter or Certificate of Conduct and Registration Card comprise the Application Package of the Member, and any acceptance for Membership is **conditional upon** the provision of accurate information in this Application, the receipt by HNL of all four (4) documents comprising the Application Package, and any other references and certificates as required or requested by HNL.

**PART I**

**APPLICATION FOR MEMBERSHIP – PERSONAL INFORMATION**

Legal Name of Applicant: \_\_\_\_\_

Prior Surname (if applicable) \_\_\_\_\_

Prior Full Name: \_\_\_\_\_  
(to be completed in instances where Applicant has used different names or has legally changed his/her name)

Date of Birth (yyyy/mm/dd): \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Driver's Licence No.: \_\_\_\_\_

Current Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prior addresses in the last ten (10) years:  
(if different from current permanent address)

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_  
Business Telephone Number (if applicable): \_\_\_\_\_

Cellular Telephone Number (if applicable) \_\_\_\_\_  
Facsimile Number (optional): \_\_\_\_\_

Other volunteer positions currently held or held within the last ten (10) years:

Association: \_\_\_\_\_  
Town/City: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

Association: \_\_\_\_\_  
Town/City: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

Association: \_\_\_\_\_  
Town/City: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

**CONSENT**

I, \_\_\_\_\_, an Applicant for membership in Hockey Newfoundland and Labrador, hereby permit Hockey Newfoundland and Labrador to obtain references from your organization, and authorize your organization to disclose reference information to HNL, for the purposes of confirming my prior volunteer service and certify my conduct as a volunteer, and no other purpose.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## PART II

### APPLICATION FOR MEMBERSHIP – HISTORY OF CONDUCT

The Applicant must complete this portion of the Application **and** obtain a Letter of Conduct or Certificate of Conduct before an Application is processed. Please note that 10-14 days' notice is necessary for the processing of a Letter of Conduct or Certificate of Conduct, so the early attention of the Applicant is encouraged.

1. Have you ever been charged and found guilty of an offence under the Criminal Code of Canada or a Criminal Offense elsewhere?

Yes  No  If yes, provide details.

Date: \_\_\_\_\_

Offence: \_\_\_\_\_

Province/State: \_\_\_\_\_

2. Are you, or have you ever been party to a civil action in which you were named as a Defendant?

Yes  No  If yes, provide details.

Date: \_\_\_\_\_

Nature of Action: \_\_\_\_\_

Province/State: \_\_\_\_\_

3. Are there any outstanding criminal proceedings against you as of the date of this Application?

Yes  No  If yes, provide details.

Charge: \_\_\_\_\_

Province/State: \_\_\_\_\_

City or Judicial District  
of Court: \_\_\_\_\_

4. Have you ever been refused a Certificate or Letter of Conduct, or otherwise been expelled from an occupation or volunteer organization in which a reference for character was required?

Yes  No  - If yes, the HNL Screening Committee will contact you with respect to follow-up inquiries.

### CONSENT

I, \_\_\_\_\_, an Applicant for membership in Hockey Newfoundland and Labrador, hereby grant authority to the Screening Committee of Hockey Newfoundland & Labrador to make inquiry to any police, or other lawful authority, with regard to any of the matters set out herein, and I authorize all personnel contacted by HNL to provide all information requested to the extent permitted by law, for the purposes of certifying my conduct, and no other purpose.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### PART III

## CONSENT FOR A CRIMINAL RECORD SEARCH FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED

Pursuant to the *Criminal Records Act* of Canada, R.S.C. 1985, c. C-47, and the *Criminal Records Regulations*, SOR 2000/303.

This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.

### Identification of the Applicant

Full Name: \_\_\_\_\_ Date of Birth (yyyy/mm/dd): \_\_\_\_\_  
Sex (male/female): \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Previous Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Previous Address: \_\_\_\_\_ Previous Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Reason for the Consent

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable persons.

Description of paid or volunteer position: \_\_\_\_\_

Name of the person or organization: Hockey Newfoundland & Labrador

Provide details regarding the children or vulnerable persons: Minor Hockey Players

**Complete Consent Form on next page.**

# Consent

Pursuant to the *Criminal Records Act* of Canada, R.S.C. 1985, c. C-47, and the *Criminal Records Regulations*, SOR 2000/303.

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, or have been granted or issued a pardon for, any of the sexual offences that are listed in the schedule to the **Criminal Records Act**.

I understand that if, as a result of giving this consent, a search discloses that there is a record of my conviction for one of the sexual offences listed in the schedule to the **Criminal Records Act** in respect of which a pardon was granted or issued, that record shall be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

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Signature of Applicant

**PART IV**

**CONSENT TO DISCLOSURE OF RECORD**

Pursuant to the *Criminal Records Act* of Canada, R.S.C. 1985, c. C-47, and the *Criminal Records Regulations*, SOR 2000/303.

This form is to be used by a person who has consented to a search being made in criminal conviction records by completing the form entitled "Consent For A Criminal Record Search For A Sexual Offence For Which A Pardon Has Been Granted Or Issued" (**Part III of this Application**) and who wishes to consent to the disclosure of information in that search to the person or organization who requested the search.

**Identification of Person Consenting**

Full Name:	_____	Date of Birth (yyyy/mm/dd):	_____
Sex (male/female):	_____	Place of Birth:	_____
Address:	_____ _____ _____	Previous Address:	_____ _____ _____
Previous Address:	_____ _____ _____	Previous Address:	_____ _____ _____

**Reason for the Consent**

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable persons.

Description of paid or volunteer position:	_____
Name of the person or organization:	<u><b>Hockey Newfoundland &amp; Labrador</b></u>
Provide details regarding the children or vulnerable persons:	<u><b>Minor Hockey Players</b></u>

**Complete Consent Form on next page.**

# Consent

Pursuant to the *Criminal Records Act* of Canada, R.S.C. 1985, c. C-47, and the *Criminal Records Regulations*, SOR 2000/303.

I consent to information contained in a criminal record, found as a result of a criminal record search for a sexual offense for which a pardon has been granted or issued, being disclosed by a police force or other authorized body to the person or organization referred to above to whom or to which I am applying or have applied for a paid or volunteer position.

I understand that as a result of giving this consent, that information will be disclosed by the police force or other authorized body to the person or organization, even though a pardon has been granted or issued for the offence.

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Signature of Applicant

Hockey Newfoundland and Labrador acknowledges that, if in receipt of information gathered under this Part IV pursuant to the Consent of the Applicant under the Criminal Records Act, it may not disclose such information to any other person or organization, or any person within the organization unrelated to the screening process, and disclosure to any other such person constitutes a breach of the Criminal Records Act, RSC 1985, c. C-47.