



CROWSNEST PASS MINOR HOCKEY CRIMINAL RECORD REQUEST

Applicants Name: _____

Surname

Given Names

Maiden Name: _____

Birthdate: _____

Gender: _____

Phone: _____

Soc. Ins. No: _____

Drivers Lic. No: _____

Address: _____

I hereby authorize the R.C.M.P. to conduct a criminal record and a vulnerable sector check. The criminal record or the certification that no records exists will be forwarded back to me by the police and not to Crowsnest Pass Minor Hockey Association (C.N.P.M.H.). It will be my responsibility to present the returned document to C.N.P.M.H. in a timely manner in order for me to be accepted to volunteer within the organization.

I understand that with an existence of a criminal record that my application to volunteer may be rejected.

Signed: _____

Witnessed: _____

Date: _____

You will have to present two pieces of i.d. At least one must be photo i.d.