

SCREENING INFORMATION FORM: 2007/2008 SEASON

Team Name: _____ Division: _____

Name: _____
Last First Middle Other Names Used

XXX-XX- _____ Date of Birth: _____
(Last 4 digits of SS# only. To Be Used For Screening Purposes By NYSAHA Only) Month Day Year

Coaching/Officiating Card No.: _____ Coaching/Officiating Level obtained: _____

Sex (M/F): _____ Race: _____ Height: _____ Weight: _____

Eye Color: _____ Glasses (yes/no): _____ Hair Color: _____

Current Address: _____
Street Number Apt. Number

City County State Zip

Home Phone: () _____ - _____ E-mail Address: _____

For How Long? _____ List other Counties/States you have lived in during the past 5 years:

Business Information:

Employer(s) Name Street Address City
State Zip () Telephone Number Supervisor

Volunteer, community, charitable and/or other non-paid experience:

Org. Name Address Phone Supervisor

Org. Name Address Phone Supervisor

Have you ever applied to or volunteered or been employed by USA Hockey (do not include your home/local association)? Yes No

If yes, when, where and for what position(s): _____

Have you ever been convicted of or pleaded guilty to a crime (including crimes the record of which has been expunged or to which you pled *nolo contendere* or no contest)? Yes No

If yes, date of conviction or plea: _____ State and County: _____

Describe Circumstances: _____

Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse? Yes No If yes, please explain: _____

Have you ever been subject to any court order involving any sexual abuse or physical abuse of a minor, including but not limited to a domestic order for protection? Yes No

If yes, please explain: _____

Have your parental rights ever been terminated? Yes No If yes, please explain: _____

Have any complaints ever been made against you either at work in your capacity as a volunteer that you sexually or physically abused a minor? Yes No If yes, please explain: _____

Do you have a history of any behavior that might make you a danger to any children/youth/adolescents in this hockey program? ___ Yes ___ No If yes, please explain:

References: Provide the name, address and telephone number of three people who are not related to you and who do not live with you:

1. _____ (____)
Name Address City Phone
2. _____ (____)
Name Address City Phone
3. _____ (____)
Name Address City Phone

I am supplying the above information (“Information”) to Saratoga Youth Hockey, Inc. (the “Association”) for the purpose of screening pursuant to the policies of the New York Amateur Hockey Association and USA Hockey. I understand that this disclosure of Information may potentially disclose, and I hereby approve and consent to the disclosure of, private and confidential information and records relating to me including criminal and other proceedings. I am aware that some of this information is being supplied to a volunteer background search organization that will conduct the actual screening. I forever release, indemnify and hold harmless the Association, NYSAHA, USA Hockey and their respective board members, officers, employees and agents, and if requested shall defend them against all liabilities, claims, obligations, losses, damages, judgment costs (including legal fee and cost investigation) relating to or arising from (i) the Information; (ii) any disclosure of the Information; and/or (iii) use of any of the Information or any information relating to or derived from the Information in connection with any screening, investigation, discipline or proceeding.

Failure to supply the information required in this form will result in an investigation, possibly followed by a hearing and/or immediate suspension from NYSAHA and USA Hockey.

Signature: _____

Date: _____

Print Full Name: _____