



APPLICATION/SCREENING DISCLOSURE STATEMENT

PNAHA will not authorize or sanction in any of its programs that it directly controls any volunteer or employee who has routine access to children (anyone under the age of majority) who refuses to consent to be screened by PNAHA, before he/she is allowed to have routine access to the children in PNAHA programs.

Employment/Volunteer Application and Disclosure Agreement

I have read and understand that a person may be disqualified and prohibited from serving as an employee or volunteer of PNAHA if among other things, the person has:

A. USA Hockey PNAHA criteria/disclosures

1. been convicted (including crimes the record of which has been expunged and pleas of “no contest”) of a crime of child abuse, sexual abuse of a minor, physical abuse, causing a child’s death, neglect of a child, murder, manslaughter, felony assault, any assault against a minor, kidnapping, arson, criminal sexual conduct, prostitution related crimes, or controlled substance crimes;
2. been adjudged liable for civil penalties or damages involving sexual or physical abuse of children;
3. been subject to any court order involving any sexual or physical abuse of a minor, including, but not limited to domestic order or protection;
4. had their parental rights terminated;
5. a history with another organization (volunteer, employment, etc.) of complaints of sexual or physical abuse of minors;
6. resigned, been terminated or been asked to resign from a position, whether paid or unpaid, due to a complaint(s) of sexual or physical abuse of minors;
7. has a history of other behavior that indicates they may be a danger to children in any PNAHA hockey program including a conviction or plea of no contest to any alcohol or drug related offense.

B. State of Washington criteria/disclosures

8. been convicted of any crime;
9. had findings made against him or her in any civil adjudicative proceeding;
10. has both a conviction and findings made against him or her.

Do any of the above apply to you? YES or NO

If YES, please attach a separate sheet with a full explanation.

I certify that all information given by me in this application is true and correct to the best of my knowledge. I understand that false or misleading statements made by me or omissions of any kind in the application process is significant cause for my not being accepted as a volunteer/employee or for my dismissal no matter when discovered. I authorize PNAHA to investigate all information contained in this application, include, without limitation, the submission of requests for information on any criminal history pursuant to the attached forms. Any employers, organizations, and individuals authorized to give you any and all information regarding my employment, volunteering, character, fitness and qualifications (including opinions) that they have about me in consideration of the evaluation of this application by PNAHA.

I HEREBY AUTHORIZE PNAHA, to post my name as a screened and approved volunteer or employee on the PNAHA website and in other publications.

I HEREBY WAIVE, RELEASE AND DISCHARGE PNAHA, all employers, organizations and individuals, and any other persons or entities from liability for all damages and losses of whatever kind or nature, except liability for willful or intentional acts or punitive damages, that may result from compliance or attempts to comply with this authorization.

Signature _____ Date _____

Attached packet forms:

1. Request for Criminal History Information Child/Adult Abuse Information Act Form (3000-240-430 [Rev. 10/05])