

BACKGROUND SCREENING APPLICATION & DISCLOSURE STATEMENT

The Potomac Valley Amateur Hockey Association (PVAHA), an affiliate of USA Hockey, will not allow or sanction in any program(s) it administers any volunteer or employee, who has routine access to children (anyone under the age of majority), who refuses to submit a completed Background Screening Application & Disclosure Agreement to PVAHA prior to said participation.

PLEASE NOTE: All information will be maintained by PVAHA in strict confidence. Questions, comments or concerns should be addressed directly to the PVAHA Background Program Administrator – Chris Dernetz at 443 676-3046 (c) or email: screening.pvaha@yahoo.com

Background Screening Application and Disclosure Agreement

First Name	Middle Name	Last Name	
Nicknames or Aliases	Date of Birth	Birth City, State/(Country if born outside United States)	
Social Security Number	Driver's License Number	State	Expiration Date
Home Telephone #	Work Telephone #	Cell Telephone #	E-mail Address:
Street Address		City	
County	State	Zip Code	
Please provide prior address information below if you resided at the above address less than 10 years.			
Prior Street Address		Prior City	
Prior County	Prior State/Country	Prior Zip Code	
Please provide additional prior address information on attached sheet of paper.			

Please list in descending preeminent order the programs that you will participate in as a volunteer this season.

I have read and understand that a person may be disqualified and prohibited from serving as a volunteer of PVAHA and USA Hockey member program if among other things, the volunteer has:

- 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 or any assault against a minor, kidnapping, arson, criminal sexual conduct, prostitution related crimes, or controlled substance crimes.
- Been adjudged liable for civil penalties or damage involving sexual or physical abuse of children.
- Been subject to any court order involving any sexual or physical abuse of a minor, including, but not limited to domestic order or protection;
- Had their parental rights terminated;

- Has history with another organization (volunteer, employment, etc.) or complaints of sexual or physical abuse of minors;
- 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;
- Has a history of other behavior that indicates they may be a danger to children in the USA Hockey, PVAHA hockey program.

Do any of the above apply to you? **Please Select One (YES or NO):**

If **YES**, please describe on an attached sheet. All responses are kept in strictest confidence. If you mark **YES** without explanation, you will automatically be suspended from further USA Hockey, PVAHA volunteer activities for lack of required registration materials.

 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 consequential omissions of any kind in the application process are significant cause for my not being accepted as a volunteer/employee or for my dismissal no matter when discovered. I authorize USA Hockey, PVAHA to investigate all information contained in this application. The employers, organizations, and individuals name are 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 PVAHA, USA Hockey.

I HEREBY WAIVE, RELEASE AND DISCHARGE PVAHA, USA Hockey, 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:

You must complete, print and sign this form in order for PVAHA to complete your application process.

Submit completed signed printed form (with attachments) to:
 PVAHA Background Check
 1436 Putty Hill Avenue,
 Towson, MD 21286

OR

Scan the completed signed printed form (with attachments) and email to:
 screening.pvaha@yahoo.com