

SCREENING INFORMATION FORM: 2007/2008 SEASON

Name: _____
Last First Middle Other Names Used

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

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

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

Drivers License Number & State: _____

Date Issued: _____ Date of Expiration: _____

Current Vehicle Year & License Plate Number: _____ State: _____

Current Business/Employment Record for Past 5 Years:

_____ Business/Employer(s) Name Street Address City

_____ State Zip Telephone Number Supervisor

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 _____ [name of Association] (the “Association”) for the purpose of screening pursuant to the policies of the New York Amateur Hockey Association (“NYSAHA”) and USA Hockey. I hereby authorize NYSAHA or any of its authorized agents to make inquiries into my personal history, education, employment, credit, banking and/or other financial records, criminal history, records from Federal, State or Municipal Agencies and driving records. These inquiries may be through any credit agency or bureau, and through any National or International government agency that offers this information. All background investigation procedures strictly follow the guidelines as set forth in the FCRA (Fair Credit Reporting Act) and the DPPA (Driver Privacy Protection Act).

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:

Send to:

**NYSAHA
Church Street Station
P.O. Box 3239
New York, New York 10008-3239**