DO NOT WRITE IN THIS SPACE	FORM_____ BCA+_____ 4A_____ 4B_____ COMMITTEE_____ APPEAL_____

FORM MUST BE FILLED OUT COMPLETELY OR APPLICANT SHALL BE DISQUALIFIED
APPLICANT MUST PROVIDE SSN

WHERE WILL YOU COACH OR REFEREE?
Hockey Association WACONIA HOCKEY ASSOCIATION **MH District** 6
(Do not abbreviate name)

MINNESOTA HOCKEY (MH) CONFIDENTIAL SCREENING AND CONSENT FORM

Applicant's Full Name (please print) _____
First Middle Last

Maiden, Alias or Former Name (please print) _____ **Telephone number** (___)_____

Birth Date (MM/DD/YYYY) ____/____/_____ **Gender:** M ___ F ___ **Social Security Number** ____-____-_____
(*REQUIRED*)

Current Address _____
Street & No. City State Zip

Prior Address if less than 10 Years in MN _____
Street & No. City State Yrs. of Residence
Attach separate sheet if additional space is needed.

Email address for hockey contact _____@_____

What positions do you anticipate holding in the next 12 months? Mark all that apply.

Coach _____ **Manager** _____ **MH Officer/Board/Committee Member** _____
Local or District Officer/Board/Committee Member _____ **On-Ice Official** _____
→***ARE YOU A 1ST YEAR COACH/OFFICIAL?*** **YES __ NO __**
→***DID YOU COACH WITH THE SAME ASSOCIATION LAST YEAR?*** **YES __ NO __**

PLEASE NOTE THAT INFORMATION OBTAINED WITH THIS CONSENT FORM RELATING TO BACKGROUND CHECK CRIMES (AS DEFINED ON THE REVERSE SIDE) OR CRIMES INVOLVING THEFT OR DISHONESTY MAY BE DISCLOSED BY MINNESOTA HOCKEY TO ITS AFFILIATE ORGANIZATIONS AND MAY BE USED TO DETERMINE ELIGIBILITY TO PARTICIPATE IN MINNESOTA HOCKEY ACTIVITIES ACCORDING TO MINNESOTA HOCKEY BYLAWS AND POLICY.

1. Do you authorize Minnesota Hockey or related organizations to obtain criminal background check information about you from relevant law enforcement agencies or other screening services? **Failure to do so will disqualify you from participation in activities of MH or organizations associated with MH.**	**1. YES __ NO __**
2. Have you been convicted of any of the crimes referenced in Minnesota Statutes Chapter 299C, (see list of crimes on reverse side) regardless of where they may have occurred or under which laws they may have been charged or prosecuted? **(If you have been convicted, please attach a description of the crime and the particulars of the conviction.) READ AND ANSWER THIS QUESTION CAREFULLY!**	**2. YES __ NO __**
3. a) Have you ever been held liable for civil penalties or damages involving sexual or physical abuse of children?	**3.a YES __ NO __**
b) Have you ever been subject to any court order involving sexual abuse or physical abuse of a minor, including, but not limited to, a domestic order for protection?	**3.b YES __ NO __**
c) Have you ever had your parental rights terminated for reasons involving sexual or physical abuse of children?	**3.c YES __ NO __**
If your answer is "YES" to 3 a), b) or c), please attach a description of the facts and the particulars of the case.	
4. Has any of the information entered on this form changed since your last application?	**4. YES __ NO __**
5. Do you authorize Minnesota Hockey to obtain updated criminal background check information about you for so long as you are actively participating in activities of MH or organizations associated with MH? **Failure to do so will disqualify you from participation.**	**5. YES __ NO __**

BEFORE SIGNING BELOW, BE SURE THAT YOU HAVE CHECKED YES OR NO TO EVERY QUESTION ABOVE AND COMPLETED ALL REQUIRED INFORMATION.

Signature of Applicant _____ **Today's Date** _____

Signature of Witness _____ **Today's Date** _____

Revised 6/29/06