

## Part 2 Information and Results

### SECTION A – Access by EMPLOYERS AND OTHERS (to be completed by the Employer/Other)

**A-1 Applicant's Mailing Label. Please print all information clearly.**

Umberto Willner, Registrar
The Pas Minor Hockey Association
Box 794
The Pas MB R9A 1K8

**Umberto Willner**

Contact Person

**204.623.3846**

Telephone Number

**TPMHA c/o uwillner@mymts.net**

Office / Program / School

**A-2 Purpose of Registry Check: (Please check at least one of the following)**

- To assess the Subject of this check:
- Whose work, whether paid or unpaid, involves or may involve the care, custody, control or charge of a child
  - Whose work, whether paid or unpaid, permits or may permit access to a child
  - Who, on behalf of an agency or the holder of a foster home licence, works directly with foster children for 10 or more hours per week and who may have unsupervised access to foster children [M.R. 18/99 s. 18(1)(e)]

**A-3 Position:**       Volunteer       Paid Staff       Other

Briefly describe position: volunter duties off/or on ice

**A-4 Applicant Authorization:      ACCESS CODE:      630-02**

\_\_\_\_\_  
Signature of Applicant staff who verified Subject's identification

\_\_\_\_\_  
Applicant's Signature (Executive Director or Supervisor)

**NOTE:** There is a **non-refundable** fee of \$20.00 per application. Please refer to Part 3 for fee payment details.

### SECTION B – SUBJECT'S INFORMATION (to be completed by the person being checked) (PLEASE PRINT CLEARLY)

**B-1 Name:** \_\_\_\_\_  
Surname
Given Name
Middle Name

Previous and Other Names:

- a) Maiden Name: \_\_\_\_\_      b) Legal Name Change: \_\_\_\_\_  
c) Also Known As: \_\_\_\_\_      d) Other Names Known by: \_\_\_\_\_

**B-2 Birth Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_      **B-3**      Male       Female

**B-4 Current Address:** \_\_\_\_\_      City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_      Telephone: (\_\_\_\_\_) \_\_\_\_\_

**B-5 Previous addresses for a minimum of 5 years:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B-6 IDENTIFICATION:** I have chosen and presented **two (2)** pieces of identification that have been verified by the Applicant in A-4:

- SIN No. \_\_\_\_\_      MHSC No. (6 digit) \_\_\_\_\_  
Band and Status No. \_\_\_\_\_      Driver's Licence: \_\_\_\_\_  
Passport or Birth Certificate No. \_\_\_\_\_      Other (please identify) \_\_\_\_\_

**B-7** I hereby authorize the Director of Child and Family Services to search the Manitoba Child Abuse Registry to determine if my name is listed on the Registry. I hereby give my consent for the release of this information in writing to the applicant in A1 for purposes identified in A-2 and Part 1.

Date: \_\_\_\_\_      SUBJECT'S SIGNATURE: \_\_\_\_\_

### SECTION C – MANITOBA CHILD ABUSE REGISTRY RESULTS (to be completed by the Director of Child and Family Services) Office Use Only

This is to certify that as of the date indicated in this section, the subject:

**IS NOT** listed on the Manitoba Child Abuse Registry       DATE: \_\_\_\_\_

**IS LISTED** on the Manitoba Child Abuse Registry       \_\_\_\_\_  
Director of Child and Family Services or Designate

**Note:** The name of a young offender (under 18) may not appear on the CAR due to the non-disclosure provisions of *The Young Offenders Act* or *The Youth Criminal Justice Act*. The Applicant shall not use or disclose the personal (health) information provided by the Subject except for the purpose(s) stated in Part 1 and Part 2.