

Screening Disclosure Form

NAME:			
First	Midd	le Last	
OTHER NAMES YO	U HAVE USED:		
CURRENT PERMAI	NENT ADDRESS:		
Street	City	Province Post	tal
DATE OF BIRTH: _		GENDER IDENTITY:	
	Ionth/Day/Year		
CLUB (if applicable	e):	EMAIL:	
	isclose truthful informat	rion below may be considered an intentional responsibilities or other privileges	
each conviction. A	ttach additional pages a	If so, please complete the following inform as necessary. Yes No	
Penalty or punishr	nent imposed:		
Further explanation	n:		
-	_	ime? If so, please complete the following dditional pages as necessary. Yes	No
Name or type of o	ffense:		
Name and Jurisdic	tion of Court/Tribunal: _		
Year charged:			
Penalty or punishr	nent imposed:		
Further explanation	n:		



criminal proceedings that has not been resolved? If so, please complete the following information for each incidence. Attach additional pages as necessary. Yes No
Name/type of offense or investigation
Name and Jurisdiction of Court/Tribunal:
Year investigation or proceeding commenced:
Status of investigation or proceeding:
Further explanation:
4. Do you have any non-criminal convictions under any statute (including offences involving the use of a motor vehicle)? If so, please complete the following information for <i>each</i> conviction. Attach additional pages as necessary. Yes No
Name or type of offense:
Name and Jurisdiction of Court/Tribunal:
Year convicted:
Penalty or punishment imposed:
Further explanation:
5. Have you ever been a respondent in a harassment or human rights complaint in any forum? If so, please complete the following information for <i>each incidence</i> . Attach additional pages as necessary. Yes No
Name and Jurisdiction of Court/Tribunal:
Year proceeding commenced:
Status of proceeding:
Penalty or punishment imposed:
Further explanation:



regulatory body? If so, please com additional page(s) as necessary.	plete the for Yes	ollowing inform No	ation for e	ach incidence.	Attach
Name and Jurisdiction of Court/Trik	ounal:				
Year proceeding commenced:					
Status of proceeding:					
 Penalty or punishment imposed:					
Further explanation:					
7. Have you ever been the subject from a coaching, teaching or volun club, or by an independent body (etc.)? If so, please complete the fodismissal. Attach additional page(s	iteer positions; e.g, private Illowing inf	on, by a sport g tribunal, gover ormation for ea	overning bonnent agei	ody or its men	nber oard
Name of disciplining or sanctioning	body:				
Date of investigation, discipline, sar	nction or di	ismissal:			
Reasons for investigation, discipline					·
Penalty or punishment imposed:					
Further explanation:					
8. Have you ever been refused ad professional organization or sporti	_			n embership t o No	o any
Name of organization:					
Date refused admission or member	ship renew	val:			_
Reasons given for refusal:					

6. Have you ever been subject to a penalty imposed by a court, administrative tribunal or



9. Have you ever faced allegations of misconduct by any professional organization or Yes sporting organization? Name of organization: Date of Allegations: Nature of Allegations: Status or Outcome of Investigation/Proceeding: _____ Penalty or Punishment Imposed (if any): Further explanation: _ 10. Have you ever been suspended, disqualified, censured or otherwise disciplined as a member of any professional organization or sporting organization? Name of Organization: Nature of Offence: Penalty or Punishment Imposed: Further explanation: 11. Are criminal charges or any other sanctions, including those from a sport organization (body), private tribunal, professional organization or government agency, currently pending or threatened against you? If so, please complete the following information for each pending charge or sanction. Attach additional page(s) as necessary. Name of Organization/Sanctioning Body: Name or type of offense: Penalty/Sanction or Punishment: Further explanation: ______



12. Are there any other matters character or suitability for OVA			hat may plac Yes	c e your No
Yes/No:				
Further explanation:				
PRIVACY STATEMENT				
By completing and submitting the Volleyball Canada and/or a Provence personal information, including well as my Enhanced Police Informatited by law) for the purpopadministering membership serve Provincial/Territorial Sport Organ of sport. Volleyball Canada and information for commercial purpoperson.	rincial/Territorial Ass all information provi rmation Check and/o ses of screening, imp ices, and communica inizations, and other the Provincial/Territo	ociation to collect, used on the Screening or Vulnerable Sector olementation of the String with National Sporganizations involved	se and disclos g Disclosure I Check (when Screening Pol port Organiza ed in the gov	se my Form as i licy, ations, ernance
CERTIFICATION				
hereby certify that the informa correct, truthful and complete.	ition contained in thi	s Screening Disclosu	re Form is acc	curate,
I further certify that I will immed Association (as applicable) of an responses to this Screening Disc volunteer responsibilities or oth	y changes in circums losure Form. Failure	tances that would al to do so may result i	lter my origin	ıal
NAME (print):		DATE:		

SIGNATURE: