

SDAHA Location \_\_\_\_\_  
CITY OR ASSOCIATION NAME

New Applicant \_\_\_\_\_

Renewal \_\_\_\_\_

South Dakota Amateur Hockey Association (SDAHA)  
An Affiliate of USA Hockey  
**AUTHORIZATION TO RELEASE INFORMATION**  
(print or type clearly) (print or type clearly) (print or type clearly)

Applicant's Current Legal Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

Maiden, Alias or Former Names: \_\_\_\_\_

Applicant's Current Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant's area code & Telephone Number(s): H \_\_\_\_\_ W \_\_\_\_\_ Cell \_\_\_\_\_

Length of Time at Current Home Address: Month/Year \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ Month/year

Previous Address (If less than 5 years above): \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ (Circle One): Adult or Juvenile

Applicant's Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: Male Female

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_  
MONTH DAY YEAR

Referee: Level \_\_\_\_\_ Cert. # \_\_\_\_\_ Coaching: Level \_\_\_\_\_ Cert. # \_\_\_\_\_

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 cause for my not being accepted as a volunteer/employee or for my dismissal no matter when discovered. I authorize SDAHA to run a criminal record check and 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 SDAHA, I hereby waive, release and discharge South Dakota Amateur Hockey Association, all employers, organizations and individuals, and any other persons or entities from liability for all damages and losses of whatever kind of nature, attempts to comply with this authorization.

**SD AMATEUR HOCKEY ASSOCIATION (SDAHA) SCREENING POLICY**

It is the policy of SDAHA that it will not authorize or sanction in its programs that it directly controls any volunteer or employee who has routine access to children (anyone under the age of majority) who refuses to consent to be screened by SDAHA before he/she is allowed to have routine access to children in SDAHA's programs. Further, it is the policy of SDAHA that it will require the affiliates to adopt this policy as a condition of its affiliation with SDAHA.

A person may be disqualified and prohibited from serving as an employee or volunteer of SDAHA if the person has:

- 1) Been convicted (including crimes the record of which has been expunged and pleas of "no contest") of any crime that the SDAHA, in their absolute discretion, feels would adversely affect their ability to work with children;
- 2) Been adjudged liable for civil penalties or damages involving sexual or physical abuse of children;
- 3) Been subject to any court order involving any sexual abuse or physical abuse of a minor, including but not limited to domestic order for protection;
- 4) Had their parental rights terminated;
- 5) A history with another organization (volunteer, employment, etc.) of complaints of sexual or physical abuse of minors;
- 6) Resigned, been terminated or been asked to resign from a position, whether paid or unpaid, due to complaint(s) of sexual or physical abuse of minors; or
- 7) Has a history of other behavior that indicates they may not be an appropriate candidate to work with children in the SDAHA programs.

Generally, only people who must be involved in the decision whether or not to accept an applicant will have access to an applicant's criminal records. The records will be kept in a secure place where only authorized persons have access to them. The content of records will not be discussed with anyone who does not have a legitimate "need to know" the information.

I've read this document Circle One: YES NO

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_

If juvenile parent or guardian name \_\_\_\_\_ Signature \_\_\_\_\_

1. Have you been a resident of the state of South Dakota continuously for the last ten (10) years  Yes  No
2. If you have answered no to the previous question, list the state where you have been a resident for the last ten (10) years and **GIVE DATES**. Use additional paper is necessary.

State                                      Date                                      Address

3. What position do you anticipate holding in the next 12 months? (✓) Check all that apply.  
 Coach     SDAHA Officer/Board/Committee     Local Association Officer/Board/Committee     Referee

4. Other than speeding violations:

A. Have you ever been arrested? If so, date and place of arrest and reason for the arrest: \_\_\_\_\_

B. Have you ever been convicted of any crime other than speeding violation? If so, the crime, date and place of arrest: \_\_\_\_\_

C. Have you ever been charged with any crime other than speeding? If so, the crime, date and place: \_\_\_\_\_

5. Have you ever been a participant in any protection order proceeding or domestic abuse proceedings? If so, give the date and place of said proceedings: \_\_\_\_\_

6. Have you ever had any license, be it professional, driver's license or otherwise, issued by any state or local jurisdiction suspended for any reason? If so, the name of the agency that suspended the license and the type of license that you held: \_\_\_\_\_

7. Have you been involved in any other organizations as a volunteer or an employee from which you have resigned, been terminated, or have been asked to resign? If so, the name of the organization, the date and time of requested termination. \_\_\_\_\_

8. Have your parental rights ever been terminated? If so, date and place of proceedings: \_\_\_\_\_

9. Have you ever been a volunteer in any capacity with the SDAHA in the past? If so, please state:

<u>Year</u>	<u>Position</u>	<u>Community</u>
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**I understand that:**

- A) It is the intent of the SDAHA to deny certification to any person who the association deems would be inappropriate to have contact with minor children.
- B) In applying for a SDAHA position, the information which I have furnished on this form is subject to verification, which may include a criminal history check.
- C) I affirm the statements made by me above and give my consent and agree to the terms stated above.

**NOTICE**

As the subject of a background check, your rights include:

- To be informed that SDAHA or organization associated with SDAHA will request this check for becoming or continuing as an employee or volunteer, and to determine whether you have been convicted of any offense which the board deems to be inappropriate;
- To be informed of the records check and obtain a copy of the report from SDAHA or organization associated with SDAHA;
- To challenge the accuracy and completeness of any information contained in the report;
- To be informed that your application has been denied and the reason for the denial;
- If for any reason you dispute the decision of the risk manager or his designated agent, you will have such rights of appeal as are provided for by SDAHA.