

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 _____ MH District _____
(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. <u>Have you been convicted</u> 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 _____

NOTICE TO ALL PERSONS SUBJECT TO MINNESOTA HOCKEY SCREENING PROGRAM

Minnesota Hockey reserves the right to use any information obtained in the course of its Screening Program, in any reasonable manner to protect its participants, affiliate organizations and programs from the risk of future criminal behavior.

BACKGROUND CHECK CRIMES (Disqualifying Crimes)

- | | |
|--|---|
| <input type="checkbox"/> Murder | <input type="checkbox"/> Felony Level Assault |
| <input type="checkbox"/> Kidnaping | <input type="checkbox"/> Criminal Sexual Conduct |
| <input type="checkbox"/> Manslaughter | <input type="checkbox"/> Arson |
| <input type="checkbox"/> Any Assault Crime Against Minor | <input type="checkbox"/> Prostitution Related Crime |

AND/OR

- Any of the following Child Abuse Crimes committed against a Minor victim, constituting a violation of Minnesota Statutes

Sections:

609.185, (5)	Murder in the 1st Degree
609.221	Assault in the 1st Degree
609.222	Assault in the 2nd Degree
609.223	Assault in the 3rd Degree
609.224	Assault in the 4th Degree
609.322	Solicitation, Inducement and Promotion of Prostitution
609.323	Receiving Profit Derived from Prostitution
609.324	Other prohibited acts of Prostitution
609.342	Criminal Sexual Conduct in the 1st Degree
609.343	Criminal Sexual Conduct in the 2nd Degree
609.344	Criminal Sexual Conduct in the 3rd Degree
609.345	Criminal Sexual Conduct in the 4th Degree
609.352	Solicitation of Children to Engage in Sexual Conduct
609.377	Malicious Punishment of a Child
609.378	Neglect or Endangerment of a Child
152.021, subd.1,(4)	Controlled Substance Crime in 1st Degree
152.022, subd.1,(5)	Controlled Substance Crime in 2nd Degree
152.023, subd.1,(6)	Controlled Substance Crime in 2nd Degree
152.023, subd.1,(3)	Controlled Substance Crime in 3rd Degree
152.023, subd.1,(4)	Controlled Substance Crime in 3rd Degree
152.023, subd.2,(6)	Controlled Substance Crime in 3rd Degree
152.023, subd.2,(7)	Controlled Substance Crime in 3rd Degree
152.024, subd.1,(2)	Controlled Substance Crime in 4th Degree
152.024, subd.1,(3)	Controlled Substance Crime in 4th Degree
152.024, subd.1,(4)	Controlled Substance Crime in 4th Degree

In addition to the above crimes which **require disqualification**, MAHA policy states that a person **may be** disqualified and prohibited from serving as an employee, independent contractor, or volunteer of MAHA and/or its associated organizations if:

1. The person has been convicted (including crimes the record of which has been expunged and pleas of "no contest") of any crime of violence against minors, or any crime which indicates the person may pose a risk to the safety and well-being of players under his/her direction or stewardship, including but not limited to all felonies not described above, domestic assault, indecent exposure, and multiple convictions for operating motor vehicles or watercraft while under the influence of alcohol or controlled substances; or
2. It is determined that he/she has been adjudged liable for civil penalties or damages involving sexual or physical abuse of children, is subject to any court order involving sexual abuse or physical abuse of a minor, including, but not limited to, domestic order for protection, has had his/her parental rights terminated for reasons involving sexual or physical abuse of children; or
3. MAHA or any of its affiliates comes into possession of verified information that he/she has a history with another organization (as a volunteer, employee or otherwise) of complaints of physical or sexual abuse of minors, 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.

NOTICE

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

- § to be informed that MAHA or organizations associated with MAHA will request this check for becoming or continuing as an employee or volunteer, and to determine whether you have been convicted of any of the above specified crimes;
- § to be informed of the BCA's response and obtain a copy of the report from MAHA or organizations associated with MAHA;
- § to obtain from the BCA any record that forms the basis for the report;
- § to challenge the accuracy and completeness of any information contained in the report;
- § to be informed whether MAHA or organizations associated with MAHA have denied your application because of the BCA's response and not to be required directly to pay the cost of the background check.

Background information will be obtained pursuant to this consent form which may be subject to the Fair Credit Reporting Act. You have given us authorization to obtain that information and to use it in determining your participation in Minnesota Hockey activities. A summary of your rights pertaining to this consent under the FCRA will be provided on request or may be obtained at: <http://www.ftc.gov/os/statutes/2summary.htm>.