



Appendix B – Screening Disclosure Form

NAME: _____
First Middle Last

OTHER NAMES YOU HAVE USED: _____

CURRENT PERMANENT ADDRESS:

Street City Province Postal

DATE OF BIRTH: _____ **GENDER IDENTITY:** _____
Month/Day/Year

CLUB (if applicable): _____ **EMAIL:** _____

Note: Failure to disclose truthful information below may be considered an intentional omission and the loss of volunteer responsibilities or other privileges

1. Have you been convicted of a crime? If so, please complete the following information for each conviction. Attach additional pages as necessary.

Name or type of offense: _____

Name and Jurisdiction of Court/Tribunal: _____

Year convicted: _____

Penalty or punishment imposed: _____

Further explanation: _____

2. Have you ever been disciplined or sanctioned by a sport governing body or by an independent body (e.g., private tribunal, government agency, etc.) or dismissed from a coaching or volunteer position? If so, please complete the following information for each disciplinary action or sanction. Attach additional page(s) as necessary.

Name of disciplining or sanctioning body: _____

Date of discipline, sanction or dismissal: _____

Reasons for discipline, sanction or dismissal: _____

Penalty or punishment imposed: _____

Further explanation: _____



3. Are criminal charges or any other sanctions, including those from a sport body, private tribunal or government agency, currently pending or threatened against you? If so, please complete the following information for each pending charge or sanction. Attach additional pages as necessary.

Name or type of offense: _____

Name and Jurisdiction of court/tribunal: _____

Name of disciplining or sanctioning body: _____

Further explanation: _____

PRIVACY STATEMENT

By completing and submitting this Screening Disclosure Form, I consent and authorize Volleyball Canada and/or a Provincial/Territorial Association to collect, use and disclose my personal information, including all information provided on the Screening Disclosure Form as well as my Enhanced Police Information Check and/or Vulnerable Sector Check (when permitted by law) for the purposes of screening, implementation of the *Screening Policy*, administering membership services, and communicating with National Sport Organizations, Provincial/Territorial Sport Organizations, and other organizations involved in the governance of sport. Volleyball Canada and the Provincial/Territorial Associations do not distribute personal information for commercial purposes.

CERTIFICATION

I hereby certify that the information contained in this Screening Disclosure Form is accurate, correct, truthful and complete.

I further certify that I will immediately inform Volleyball Canada or a Provincial/Territorial Association (as applicable) of any changes in circumstances that would alter my original responses to this Screening Disclosure Form. Failure to do so may result in the withdrawal of volunteer responsibilities or other privileges and/or disciplinary action.

NAME (print): _____

DATE: _____

SIGNATURE: _____