

ARROWHEAD YOUTH HOCKEY ASSOCIATION

**USA HOCKEY/WISCONSIN AMATEUR HOCKEY ASSOCIATION SEXUAL AND PHYSICAL ABUSE POLICY
APPLICATION & DISCLOSURE STATEMENT**

The Arrowhead Youth Hockey Association (AYHA) will not authorize or sanction in any of 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 AYHA prior to being issued acceptance/approval for routine access to the children who take part in AYHA programs.

Employment/Volunteer Application and Disclosure Agreement

Last Name:	First Name:	Middle Initial:	
_____	_____	_____	
Address:	City:	State:	Zip Code:
_____	_____	_____	_____
Social Security Number:	Drivers License Number:	State:	Expiration Date:
_____	_____	_____	_____
Date of Birth:	Home Phone:	Mobile Phone:	Email Address:
_____	_____	_____	_____

I have read and understand that a person may be disqualified and prohibited from serving as an employee or volunteer of AYHA if among other things the person has:

- (1) Been convicted (including crimes the record of which has been expunged and pleas of "no contest") of a crime of child abuse, sexual abuse of a minor, physical abuse, causing a child's death, neglect of a child, murder, manslaughter, felony assault or any assault against a minor, kidnapping, arson, criminal sexual conduct, prostitution related crimes or controlled substance crimes;
- (2) Been adjudged liable for civil penalties or damage involving sexual or physical abuse of children;
- (3) Been subject to any court order involving any sexual or physical abuse of a minor, including, but not limited to domestic order of protection;
- (4) Had their parental rights terminated;
- (5) Has 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 a complaint(s) of sexual or physical abuse of minors;
- (7) Has a history of other behavior that indicates that they may be a danger to children in the AYHA program.

Do any of the above apply to you? YES or NO (circle one)

If YES, please describe on a separate sheet.

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 significant causes for my not being accepted as a volunteer/employee or for my dismissal no matter when discovered. I authorize AYHA to investigate all information contained in this application. The employers, organizations, and individuals named are authorized to provide any and all information regarding my employment, volunteer work, character, fitness and qualification (including opinions) that they have about me.

In consideration of the evaluation of this application by AYHA, I HEREBY WAIVE, RELEASE AND DISCHARGE AYHA, WAHA, USA Hockey, all employers, organizations and individuals, and any other persons or entities from liability for all damages and losses of whatever kind or nature, except liability for willful or intentional acts or punitive damages, that may result from compliance or attempts to comply with this authorization.

Signature _____ Date _____