VOLLEYBALL BC – SCREENING DISCLOSURE FORM

September 1, 2018 – August 31, 2019

NAME: _____
First Middle Last

OTHER NAMES YOU HAVE USED: _____

CURRENT PERMANENT ADDRESS:

_____
Street City Province Postal

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

1. Have you ever been convicted of a criminal conviction or been sanctioned by an independent body (sport body, private tribunal, government agency, etc.) for which a pardon has not been granted? Note: Failure to disclose a conviction/sanction for which a pardon has not been granted may be considered an intentional omission and subject to failure of screening requirements as required by Volleyball BC's Screening Policy.

Yes _____ **No**_____ **If yes, please describe below:**

Name or Type of Offense: _____

Name and Jurisdiction of Court/Tribunal: _____

Year Convicted/Sanctioned: _____

Age When Convicted/Sanctioned: _____

Penalty or Sanction Imposed: _____

Further Explanation: _____

For more than one conviction please attach additional page(s) as necessary.

2. Are criminal charges or any other charges, including those from a sport body, private tribunal or government agency, currently pending or threatened against you?

Yes_____ **No**_____ **If yes, please explain for each pending charge:**

Name or Type of pending Offense or alleged activity: _____

Name and Jurisdiction of Court/Tribunal: _____

Age When You Allegedly Committed the Offence or Activity: _____

Further Explanation: _____

For more than one conviction please attach additional page(s) as necessary.

3. I agree to report any new activity, criminal or otherwise negative, that could negatively impact my position within Volleyball BC or any member club, or the reputation of such organizations, and will notify the Volleyball BC CEO and Club Director if relevant, within 24 hours of its occurrence. I acknowledge, failure to do so may result in my suspension from Volleyball BC or removal from any position in Volleyball BC or a club.

Initial: _____

Certification
The answers on this Form are truthful, accurate, and complete.

By signing this form, you agree and understand that you will be sharing your criminal record check results and screening disclosure form with your designated club contact and the Volleyball BC Screening Contact.

Signature: _____ Date: _____