MICHIGAN AMATEUR HOCKEY ASSOCIATION

BACKGROUND SCREENING APPLICATION FORM

PLEASE PRINT OR TYPE ALL INFORMATION ON THIS APPLICATION

Michigan Amateur Hockey Association will not authorize or sanction in any of it's 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 Michigan Amateur Hockey Association, prior to being issued acceptance/approval for routine access to the children who take part in the Michigan Amateur Hockey Association programs.

Last Name ***First Name*** ***Middle Name***

Address

City ***State*** ***Zip Code***

Other names (maiden, nicknames) _____

Phone ( )

YOUR **Drivers License #** **State**

YOUR **Date of Birth:** *Month* */ Day* */ Year* Male Female

YOUR **Association Name or Independent Team Name**

_____

YOUR **Position (check all that apply)**

Head Coach	Referee	Minor Official	Board Member
Asst. Coach	Other On Ice	Locker Room Monitor	Tournament Staff
Manager	Other	Other Off Ice	District Personnel

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 cause for my not being accepted as a volunteer/employee or for my dismissal no matter when discovered. I authorize Michigan Amateur Hockey Association to investigate all information contained in this application. The employers, organizations and individuals named are authorized to give you any and all information regarding my volunteering, employment, character, fitness and qualifications (including opinions) that they have about me, in consideration of the evaluation of this application by Michigan Amateur Hockey Association.

I HEREBY WAIVE, RELEASE AND DISCHARGE Michigan Amateur Hockey Association, all employers, Organizations and individuals and any other persons or entities from liability from 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 of
Applicant _____ Date_____/_____/_____

SUBMIT THIS FORM TO YOUR LOCAL USA HOCKEY ASSOCIATE REGISTRAR-
THE FORM WILL BE FORWARDED TO THE MAHA ABUSE COMMITTEE.
THANK YOU.