



HUNTSVILLE MINOR HOCKEY ASSOCIATION

BOARD OF DIRECTORS
20 PARK DRIVE
HUNTSVILLE, ON
P1H1P5

OFFENCE DECLARATION FORM

Name: _____

Position Held: _____

I **DECLARE** that since my most recent Vulnerable Sector Screening criminal background check (VSS) provided to Huntsville Minor Hockey during the _____ season that:

- I have **not** been convicted of any criminal offences under the *Criminal Code of Canada*.

OR

- I have been convicted of the following criminal offences under the *Criminal Code of Canada* for which a pardon under Section 4.1 of the *Criminal Code of Canada Records Act of Canada* has **not** been issued or granted to me.
List of Offences

1. Date of Offence:

Conviction:

FURTHERMORE, for as long as I am associated with Huntsville Minor Hockey Association, I agree to notify the HMHA President/Privacy Officer within 1 business day of any criminal charges which are laid against me.

By signing below, I acknowledge that this declaration is only valid for the _____ season with Huntsville Minor Hockey Association, should I continue to volunteer in any capacity with Huntsville Minor Hockey, I will provide a valid Vulnerable Sector screening check (every 3 years) or valid signed declaration.

DATED at _____ this _____ day of _____, _____
(LOCATION) (DATE) (MONTH) (YEAR)

Signature

Inquiries: Greg Macmillan, President or Michele Snow, Secretary/ Privacy Officer

Office Use Only: Received on _____ Recorded by: _____