

# APPLICATION & DISCLOSURE STATEMENT

Land of Enchantment Hockey Association (LOEHA)/Rocky Mountain District (RMD) 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 LOEHA/RMD prior to being issued acceptance/approval for routine access to the children who take part in LOEHA/RMD programs.

## Employment/Volunteer Application and Disclosure Agreement

(Please Print)

<u>LAST NAME:</u>		<u>FIRST NAME:</u>	<u>MIDDLE INITIAL:</u>
<u>ADDRESS:</u>			
<u>CITY:</u>	<u>STATE:</u>	<u>ZIP:</u>	
<u>SOCIAL SECURITY NUMBER:</u>			
<u>STATE DRIVERS LICENSE NUMBER:</u>			
<u>STATE:</u>	<u>EXPIRATION DATE (DD/MM/YYYY):</u> / /	<u>DOB (DD//MM/YYYY):</u> / /	
<u>HOME PHONE:</u> ( ) -		<u>WORK PHONE:</u> ( ) -	
<u>Previous Address(s) if located in another state within the past 10 years:</u>			
		<u>State:</u>	<u>ZIP:</u>

I have read and understand that a person may be disqualified and prohibited from serving as an employee or volunteer of LOEHA/RMD 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 minor, including, but not limited to domestic order or 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 they may be a danger to children in the LOEHA/RMD Hockey Program.

Do any of the above apply to you?      YES      or      NO

If **YES**, please describe: \_\_\_\_\_  
(if additional space is needed please use another sheet of paper)

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 LOEHA/RMD to investigate all information contained in this application. The employers, organizations, and individuals name are authorized to give you any and all information regarding my employment, volunteering, character, fitness and qualifications (including opinions) that they have about me. In consideration of the evaluation of this application by LOEHA/RMD.

I HEREBY WAIVE, RELEASE AND DISCHARGE LOEHA/RMD, 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 attempt to comply with this authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_