



Volunteer Screening Process

Thank you for taking the time to help and support all kids in
Stephenville Minor Hockey.

- 1) Print your name on the Stephenville Minor Hockey volunteer form letter.
- 2) Fill out the **Application for Court Check**
- 3) Take the form letter and Application for Court Check to the courthouse inquiry counter on the second floor of the Court Building, 35 Alabama Drive (across the road from Clancy's Pub).
- 4) Court clerk will let you know when the document will be ready for pickup.
- 5) Fill out the **Consent for the Release of Police Information** (must be printed on legal size paper) and **Vulnerable Sector Verification** (must be printed on letter size paper) forms.
- 6) Take the applications filled out in Step 5 and the Court Check document to the RCMP station (40 Oregon Drive).
- 7) RCMP will let you know when the document will be ready for pickup, or you can choose to have it mailed to you.
- 8) Fill out the **Application for Membership Hockey Newfoundland & Labrador**
- 9) Once you receive your Police Records check, take that, your Court Check and your Hockey NL membership application, and contact smharegister@gmail.com to arrange submitting the documents.

It is best to get this package completed as soon as possible so we can get you registered with Hockey NL as quickly as possible.



Stephenville Minor Hockey
P.O. Box 145
Stephenville, NL
A2N 2Y9

Inquiries: stephenvilleminorhockey@gmail.com
Payments: smhaacct@gmail.com
Registration: smharegister@gmail.com
www.stephenvilleminorhockey.com

August 2022 – April 2023

To Whom It May Concern:

The purpose of this letter is to inform you that _____

is a volunteer with the Stephenville Minor Hockey Association for the 2022 - 2023 season. I request that the processing fee associated with this volunteer application be waived.

Thank you,

X Tonia Muise

Tonia Muise

Acting President

Stephenville Minor Hockey Association

"If your actions inspire others to dream more, learn more, do more and become more, you are a leader."

John Quincy Adams



PROVINCIAL COURT OF NEWFOUNDLAND AND LABRADOR

APPLICATION FOR COURT CHECK

*This is NOT a request for a Certificate of Conduct.
If you require a Certificate of Conduct, please check with the nearest police detachment*

PERSONAL INFORMATION		
Last Name	First Name	Middle Name(s)
Maiden Name (if applicable)		Any Other Last Name(s)
Date of Birth (Month-Day-Year)		Telephone Number
CURRENT ADDRESS		
Street Address (Civic)		
City	Province	Postal Code
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		
PO Box/Street address		
City	Province	Postal Code
PREVIOUS ADDRESSES IN LAST FIVE YEARS (IF DIFFERENT FROM ABOVE)		
RECORD SUSPENSION		
Have you been convicted of any offence in Canada for which a Record Suspension or Pardon has NOT been granted? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If you answered YES, please complete the information below:		
Nature of charge(s):		
Date of conviction(s):		
Court location of conviction(s):		
PAYMENT OPTIONS - \$20.00 processing fee		
<ul style="list-style-type: none">• Visa• Mastercard• Interac• Cash• Cheque or money order (payable to Provincial Court of Newfoundland and Labrador or NL Exchequer)	Fee exemption request (Check applicable box) <input type="checkbox"/> VOLUNTEER - signed letter from volunteer organization required <input type="checkbox"/> FOSTER PARENT - proof of application for foster parent required <input type="checkbox"/> ADOPTION - proof of adoption application required <input type="checkbox"/> COURT PURPOSE - proof of court appearance required <input type="checkbox"/> RECORD SUSPENSION - (Pardon) court information form required <input type="checkbox"/> PRE-PAID CERTIFICATE OF CONDUCT RNC - receipt within last 6 months required (St. John's/Corner Brook/Labrador City/Wabush only)	

DATE OF REQUEST: _____

SIGNATURE: _____

☐ PICK UP

☐ MAIL OUT



Consent for the Release of Police Information

Applicant Information				
Last Name		Given Name 1		Given Name 2
Gender <input type="radio"/> Male <input type="radio"/> Female	Date of Birth (yyyy-mm-dd)	Current Address		
City	Province	Postal Code (A9A 9A9)	Telephone Number (include area code)	
Place of Birth	Usual First Name or Alias		Maiden Name or any Other Last Name	
Name at Birth	Previous Names or Legally Changed Names			
Previous Addresses				
Provide previous addresses if less than 5 years at current address.				
Address		City	Province	Postal Code (A9A 9A9)
Consent				
<p>Important - Informed Consent (provided by the individual): As an individual providing informed consent to have these sources of police information reviewed and disclosed, it is important that you understand the nature of the information that may be contained in them. By agreeing to allow your personal information to be disclosed to a prospective employer or organization, you acknowledge that you understand that your suitability could be determined based on the information disclosed. The suitability criteria are established and controlled by the employer or the organization - not the police agency or authorized body conducting the checks. The police agency or authorized body is not involved with, or responsible for, decisions that are made by the employer or organization.</p>				
Signature of Applicant				
I consent to a search of all records and information available at the time the search is conducted, including non-conviction information, charges before the courts, findings of guilt or convictions and court orders registered in my name in the National Repository of Criminal Records and local records available to the police service. I understand that if information or a possible record exists, it will not be disclosed until identification has been confirmed by either myself or by fingerprints.				
Signature			Date of Consent (yyyy-mm-dd)	
Requesting Organization			Fingerprint	
<input type="checkbox"/> Record Check results will be picked up in person by the applicant			For card scan submissions only.	
Identity of the organization that is requesting and should receive the results of the record checks.				
Name of Person or Organization		Address		
City	Province	Postal Code (A9A 9A9)		
Waiver for Consent or Release of Information to Third Party				
I consent to the release of any and all information from available records to the authorized person of the above indicated Organization/Company/Firm.				
Signature		Date (yyyy-mm-dd)		Finger
Type of Record Check Required				
To be completed by the applicant (initial type of record check being requested).				
Type	Description	Additional Requirements	Initial	
Name-Based Criminal Record Check	A query, based on name and date of birth, of active criminal files in the RCMP National Repository of Criminal Records. Used to determine the possible existence of a criminal record. Generally used as a preliminary search only to determine if a Fingerprint-based Criminal Record Check may be required. The query may also include a search of court records and a query of records management systems in other police agencies' jurisdictions through the Police Information Portal (PIP) or other data sharing systems.	N/A		
Fingerprint-Based Criminal Record Check	A fingerprint-based search of the RCMP's national repository of fingerprints and criminal record information. The results of the search will produce a document that includes criminal record information where the identity of the applicant has been verified by fingerprints.	N/A		
Vulnerable Sector Check	A Vulnerable Sector Check is the most comprehensive type of check. It includes a query based on name and date of birth of a local police agency's records management system, commonly referred to as a local indices's check, in addition to queries of CPIC Identification, Investigative, and Intelligence Data Banks. The query may also include a search of court records and a query of records management systems in other police agencies' jurisdictions through the Police Information Portal (PIP) or other data sharing systems.	<input type="checkbox"/> Form 3923 completed and attached		
Declaration of Criminal Records	This will result in the RCMP detachment providing a list of all of the criminal convictions and related information that are included on the criminal record on CPIC. This may only be provided by the detachment where the applicant lives.	<input type="checkbox"/> Form 6359 completed and attached		
Identification Provided				
To be completed by the RCMP employee.				
Applicant Identification Type 1	Applicant Identification Type 2	RCMP Employee Name	HRMIS Number	



Consent for Check for a Sexual Offence for which a Record Suspension (Pardon) has Been Granted or Issued (Vulnerable Sector Verification)

Reference Number
(to be completed by detachment)

- This form must be submitted with RCMP form 6388 - Consent for the Release of Police Information.
- This form is to be completed by an individual applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule of the *Criminal Records Act* and has been pardoned.
- To be used only for organizations inside of Canada.

Identification of the Applicant		
Current Legal Surname (required)		Current Legal Given Name (required)
Gender <input type="radio"/> Male <input type="radio"/> Female	Date of Birth (required; yyyy-mm-dd)	
Reason for the Consent		
I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable persons.		
Title of the Paid or Volunteer Position		Name of the Person or Organization
Details regarding the responsibilities towards children or vulnerable persons		
Type of Position <input type="radio"/> Paid Position (fee enclosed) <u>Processing Fees</u> <input type="radio"/> Volunteer Position (letter from non-profit organization attached)		
Consent		Fingerprint
I hereby consent to a search being made in the automated records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted or issued a Record Suspension (Pardon) for, any of the sexual offences that are listed in the schedule of the <i>Criminal Records Act</i> .		For card scan submissions only.
I understand that if, as a result of giving this consent, a search discloses that there is a record of my conviction for one of the sexual offences listed in the schedule of the <i>Criminal Records Act</i> in respect of which a Record Suspension (Pardon) was granted or issued, that record shall be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.		
Contributing Agency		
Signature of Applicant	Date (yyyy-mm-dd)	
Verification		
Name of Verifier		
Title	Date Received (yyyy-mm-dd)	Finger



APPLICATION FOR MEMBERSHIP HOCKEY NEWFOUNDLAND & LABRADOR

To be distributed and returned by all Associations and Divisions

Application for membership of: _____
Name

In the _____ **Minor Division** of Hockey Newfoundland and Labrador.
Association

PRIVATE AND CONFIDENTIAL

To be viewed only by
HNL Risk Management Screening Committee
32 Queensway, P. O. Box 176
Grand Falls-Windsor, NL A2A 2J4

This completed Application, Letter or Certificate of Conduct and Registration Card comprise the Application Package of the Member, and any acceptance for Membership is **conditional upon** the provision of accurate information in this Application, the receipt by HNL of all four (4) documents comprising the Application Package, and any other references and certificates as required or requested by HNL.

PART I

APPLICATION FOR MEMBERSHIP – PERSONAL INFORMATION

Legal Name of Applicant: _____

Prior Surname (if applicable) _____

Prior Full Name: _____

(to be completed in instances where Applicant has used different names or has legally changed his/her name)

Date of Birth (yyyy/mm/dd): _____

Place of Birth: _____

Driver's Licence No.: _____

Current Permanent Address: _____

Prior addresses in the last ten (10) years:
(if different from current permanent address)

1. _____

2. _____

3. _____

Home Telephone

Number: _____

Business Telephone

Number (if applicable): _____

Cellular Telephone

Number (if applicable) _____

Facsimile Number

(optional): _____

Other volunteer positions currently held or held within the last ten (10) years:

Association: _____

Town/City: _____

Contact Number: _____

Association: _____

Town/City: _____

Contact Number: _____

Association: _____

Town/City: _____

Contact Number: _____

CONSENT

I, _____, an Applicant for membership in Hockey Newfoundland and Labrador, hereby permit Hockey Newfoundland and Labrador to obtain references from your organization, and authorize your organization to disclose reference information to HNL, for the purposes of confirming my prior volunteer service and certify my conduct as a volunteer, and no other purpose.

Signature of Applicant

Date

PART II

APPLICATION FOR MEMBERSHIP – HISTORY OF CONDUCT

The Applicant must complete this portion of the Application and obtain a Letter of Conduct or Certificate of Conduct before an Application is processed. Please note that 10-14 days' notice is necessary for the processing of a Letter of Conduct or Certificate of Conduct, so the early attention of the Applicant is encouraged.

1. Have you ever been charged and found guilty of an offence under the Criminal Code of Canada or a Criminal Offense elsewhere?

Yes ☐ No ☐

If yes, provide details.

Date: _____

Offence: _____

Province/State: _____

2. Are you, or have you ever been party to a civil action in which you were named as a Defendant?

Yes ☐ No ☐

If yes, provide details.

Date: _____

Nature of Action: _____

Province/State: _____

3. Are there any outstanding criminal proceedings against you as of the date of this Application?

Yes ☐ No ☐

If yes, provide details.

Charge: _____

Province/State: _____

City or Judicial District
of Court: _____

4. Have you ever been refused a Certificate or Letter of Conduct, or otherwise been expelled from an occupation or volunteer organization in which a reference for character was required?

Yes ☐ No ☐ - If yes, the HNL Screening Committee will contact you with respect to follow-up inquiries.

CONSENT

I, _____, an Applicant for membership in Hockey Newfoundland and Labrador, hereby grant authority to the Screening Committee of Hockey Newfoundland & Labrador to make inquiry to any police, or other lawful authority, with regard to any of the matters set out herein, and I authorize all personnel contacted by HNL to provide all information requested to the extent permitted by law, for the purposes of certifying my conduct, and no other purpose.

Signature of Applicant

Date

PART III

CONSENT FOR A CRIMINAL RECORD SEARCH FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED

Pursuant to the *Criminal Records Act* of Canada, R.S.C. 1985, c. C-47, and the *Criminal Records Regulations*, SOR 2000/303.

This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.

Identification of the Applicant

Full Name:	_____	Date of Birth (yyyy/mm/dd):	_____
Sex (male/female):	_____	Place of Birth:	_____
Address:	_____ _____ _____	Previous Address:	_____ _____ _____
Previous Address:	_____ _____ _____	Previous Address:	_____ _____ _____

Reason for the Consent

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable persons.

Description of paid or volunteer position:	_____
Name of the person or organization:	<u>Hockey Newfoundland & Labrador</u>
Provide details regarding the children or vulnerable persons:	<u>Minor Hockey Players</u>

Complete Consent Form on next page.

Consent

Pursuant to the *Criminal Records Act* of Canada, R.S.C. 1985, c. C-47, and the *Criminal Records Regulations*, SOR 2000/303.

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, or have been granted or issued a pardon for, any of the sexual offences that are listed in the schedule to the **Criminal Records Act**.

I understand that if, as a result of giving this consent, a search discloses that there is a record of my conviction for one of the sexual offences listed in the schedule to the **Criminal Records Act** in respect of which a pardon was granted or issued, that record shall be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

Signature of Applicant

PART IV

CONSENT TO DISCLOSURE OF RECORD

Pursuant to the *Criminal Records Act* of Canada, R.S.C. 1985, c. C-47, and the *Criminal Records Regulations*, SOR 2000/303.

This form is to be used by a person who has consented to a search being made in criminal conviction records by completing the form entitled "Consent For A Criminal Record Search For A Sexual Offence For Which A Pardon Has Been Granted Or Issued" (**Part III of this Application**) and who wishes to consent to the disclosure of information in that search to the person or organization who requested the search.

Identification of Person Consenting

Full Name:	_____	Date of Birth (yyyy/mm/dd):	_____
Sex (male/female):	_____	Place of Birth:	_____
Address:	_____ _____ _____	Previous Address:	_____ _____ _____
Previous Address:	_____ _____ _____	Previous Address:	_____ _____ _____

Reason for the Consent

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable persons.

Description of paid or volunteer position: _____

Name of the person or organization: Hockey Newfoundland & Labrador

Provide details regarding the children or vulnerable persons: Minor Hockey Players

Complete Consent Form on next page.

Consent

Pursuant to the *Criminal Records Act* of Canada, R.S.C. 1985, c. C-47, and the *Criminal Records Regulations*, SOR 2000/303.

I consent to information contained in a criminal record, found as a result of a criminal record search for a sexual offense for which a pardon has been granted or issued, being disclosed by a police force or other authorized body to the person or organization referred to above to whom or to which I am applying or have applied for a paid or volunteer position.

I understand that as a result of giving this consent, that information will be disclosed by the police force or other authorized body to the person or organization, even though a pardon has been granted or issued for the offence.

Signature of Applicant

Hockey Newfoundland and Labrador acknowledges that, if in receipt of information gathered under this Part IV pursuant to the Consent of the Applicant under the Criminal Records Act, it may not disclose such information to any other person or organization, or any person within the organization unrelated to the screening process, and disclosure to any other such person constitutes a breach of the Criminal Records Act, RSC 1985, c. C-47.