



ALLIANCE HOCKEY

CRIMINAL RECORD CHECK POLICY

Updated: September 2018

26. APPENDIX H – CRIMINAL OFFENCE DECLARATION FORM

Print Name: _____

Date of Birth: _____

Month/Day/Year

Telephone Number: _____

Email Address: _____

Referee number: _____ (If applicable)

Member: _____ Clinic Location: _____

Date: _____

Failure to execute this process will be in violation of the OHF Screening Policy, this will mean that the official will be considered to be not in good standing and may be subject to further discipline.

I, _____, hereby declare that:
Print Name

I have no convictions for offenses under the Criminal Code of Canada as specified in the OHF Screening Policy up to and including the date of this declaration for which a pardon has not been issued or granted under the Criminal Records Act (Canada).

I have no convictions for offenses in any other country up to and including the date of this declaration for which a pardon has not been issued or granted.

OR

I have the following convictions for offenses under the Criminal Code of Canada as specified in the OHF Screening Policy for which a pardon under the Criminal Records Act (Canada) has not been issued or granted:

I have the following convictions for offenses in another country up to and including the date of this declaration for which a pardon has not been issued or granted.

Supplementary Information, Including Outstanding Charges, Warrants and Orders.

DATE	LOCATION	CHARGE	DISPOSITION

Any questions can be directed to the appropriate Office.

Signature of Applicant: _____ Date: _____

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