## Appendix B – Screening Disclosure Form

NAME:			
First	Middle		Last
OTHER NAMES YOU HA	VE USED:		
CURRENT PERMANENT	ADDRESS:		
Street	City	Province	Postal
DATE OF BIRTH:	Month/Day/\	GENDER IDENTITY: _	
Local Association (if app	licable):	EMA	IL:
Name or Type of Offenso	e:	additional pages as necessary.	
Year Convicted:			
Penalty or Punishment I	mposed:		
Further Explanation:			
from a coaching or v	endent body (e.g., proposition? If	er been disciplined or sanctioned ivate tribunal, government age so, please complete the follow ditional pages as necessary.	ncy, etc.) or dismissed
Name of disciplining or s	anctioning body:		
Date of discipline, sancti	on or dismissal:		
Reasons for discipline, sa	anction or dismissal: _		
Penalty or Punishment I	mposed:		

Further Explanation:
3. Are criminal charges or any other sanctions, including those from a sport body, private tribunal or government agency, currently pending or threatened against you? If so, please complete the following information for each pending charge or sanction. Attach additional pages as necessary.
Name or Type of Offense:
Name and Jurisdiction of Court/Tribunal:
Name of disciplining or sanctioning body:
Further Explanation:
PRIVACY STATEMENT
By completing and submitting this Screening Disclosure Form, I consent and authorize Softball Canada to collect, use and disclose my personal information, including all information provided on the Screening Disclosure Form as well as my Enhanced Police Information Check and/or Vulnerable Sector Check (when permitted by law) for the purposes of screening, implementation of Softball Canada's Screening Policy, administering membership services, and communicating with National Sport Organizations, Provincial Sport Organizations, Sport Clubs, and other organizations involved in the governance of sport. Softball Canada does not distribute personal information for commercial purposes.
CERTIFICATION
I hereby certify that the information contained in this Screening Disclosure Form is accurate, correct, truthful and complete.
I further certify that I will immediately inform Softball Canada of any changes in circumstances that would alter my original responses to this Screening Disclosure Form. Failure to do so may result in the withdrawal of volunteer responsibilities or other privileges and/or disciplinary action.
NAME (print): DATE:
SIGNATURE: