

**Association requesting background check: ALASKA FIREBIRDS**

**BACKGROUND INVESTIGATION CONSENT FORM**

I, \_\_\_\_\_, hereby authorize the Alaska State Hockey Association (Company) and/or its agents and affiliates to make an independent investigation of my background and criminal or police records, including those maintained by both public and private organizations and all public records, for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment in a paid or volunteer capacity with Company or its affiliates, now and, if applicable, during the tenure of my employment or term of volunteer work with Company or its affiliates.

I release Company and/or its agents and affiliates and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

\_\_\_\_\_  
Full Name (Printed)

\_\_\_\_\_  
Maiden Name or Other Names Used

\_\_\_\_\_  
Present Address

\_\_\_\_\_  
How Long?

\_\_\_\_\_  
City/State Zip?

\_\_\_\_\_  
Former Addresses – last 7 years

\_\_\_\_\_  
How Long at each?

\_\_\_\_\_  
City/State Zip? [If need more space due to multiple moves – use back of this form.]

\_\_\_\_\_  
\*Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
Home phone #

\_\_\_\_\_  
Work phone #

\_\_\_\_\_  
State of Drivers License

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Have you ever been convicted in court other than for a traffic violation? Yes \_\_\_ No \_\_\_  
Are you currently accused of any crime in a court of law? Yes \_\_\_ No \_\_\_  
If yes to either, please explain by listing dates & locations on the back of this form.

\*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment in a paid or volunteer capacity. Company is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.

## Application & Disclosure Statement

The Alaska State Hockey Association and its affiliates or agents 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 the Company, prior to being issued acceptance / approval for routine access to the children who take part in the Company and/or affiliates programs.

I have read and understand that a person may be disqualified and prohibited from serving as an employee or volunteer for the Company or its affiliates, 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 a 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 Company or its affiliates or agents hockey programs.

Do any of the above rules apply to you? Yes \_\_\_ No \_\_\_

If yes, please describe:

Continuation section for information from page one (use additional sheets if necessary):

Place completed form in a sealed envelope and send to: [Alaska Firebirds Hockey Association](#),  
Attn: [Screening Committee Chair](#), PO Box 240802, Anchorage, AK 99524-2802