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| **Bears Logo.jpg** | **South Muskoka Minor Hockey Association****Board of Directors****169B James Street****Bracebridge, Ontario** **P1L 2A8** |

**OFFENCE DECLARATION FORM FOR THE 2023-2024**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I DECLARE** that **since** my most recent Vulnerable Sector Screening criminal background check (VSS) provided to South Muskoka Minor Hockey during the \_\_\_\_\_\_\_\_\_\_\_\_ season that:

* I have **not** been convicted of any criminal offences under the *Criminal Code of Canada*.

**OR**

* I have been convicted of the following criminal offences under the *Criminal Code of Canada* for which a pardon under Section 4.1 of the *Criminal Code of Canada Records Act of Canada* has **not** been issued or granted to me.

List of Offences:

1. Date of Offence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conviction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FURTHERMORE,** for as long as I am associated with South Muskoka Minor Hockey Association, I agree to notify the SMMHA Vice-President/ Privacy Officer within 1 business day of any criminal charges which are laid against me.

By signing below, I acknowledge that this declaration is only valid for the 2022-23 season with South Muskoka Minor Hockey, should I continue to volunteer in any capacity with South Muskoka Minor Hockey, I will provide a valid Vulnerable Sector screening check (every 3 years) or valid signed declaration.

DATED at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_

 (LOCATION) (DATE) (MONTH) (YEAR)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

Inquiries: Mark Jennings, Vice President/Privacy Officer

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| *Office Use Only: Received on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recorded by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  |