

Wisconsin Amateur Hockey Association, Inc.
www.waha-hockey.com



USA HOCKEY/WISCONSIN AMATEUR HOCKEY ASSN. SEXUAL AND PHYSICAL ABUSE POLICY

APPLICATION & DISCLOSURE STATEMENT

The Wisconsin Amateur Hockey Association (WAHA) 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 WAHA prior to being issued acceptance and/or approval for routine access to the children who take part in WAHA programs.

Employee/Volunteer Application and Disclosure Agreement (please print)

Last Name			First Name			Middle Initial		
Address				City		State		Zip Code
Social Security Number			Drivers License Number			State		Expiration Date
Date of Birth			(Area Code) Home Telephone			(Area Code) Work Telephone		
Previous Address(es) if located in another state within the past 10 years								

I have read and understand that a person may be disqualified and prohibited from serving as an employee or volunteer of the WAHA 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 the death of a child, 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, employee, 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 that they may be a danger to children in the WAHA hockey program.

Do any of the above apply to you? YES or NO (circle one)

If YES, please describe: _____

I certify that all information given by me in this application is true and correct to the best of my knowledge. I understand that false or misleading statements made by me or consequential omissions of any kind in the application process are significant cause for my not being accepted as a volunteer/employee or for my dismissal no matter when discovered. I authorize WAHA to investigate all information contained in this application. The employers, organizations, and individuals named are authorized to give you any and all information regarding my employment, volunteer work, character, fitness and qualification (including opinions) that they have about me.

In consideration of the evaluation of this application by the WAHA, **HEREBY WAIVE, RELEASE AND DISCHARGE** the WAHA, all employers, organizations and individuals, and any other persons or entities from liability for all damages and losses of whatever kind or nature, except liability for willful or intentional acts or punitive damages, that may result from compliance or attempts to comply with this authorization.

Signature _____

Date _____