APPENDIX B – SCREENING DISCLOSURE FORM

FI	RST NAME:	MIDDLE NAME:	LAST NAME:				
0	THER NAMES YOU HAVE USED:		GENDER IDENTITY:				
ST	TREET:	CITY:	PROVINCE:				
P	OSTAL CODE:	DOB (mm/dd/yy):	EMAIL:				
CI	LUB:						
Note: Failure to disclose truthful information below may be considered an intentional omission and the loss of volunteer responsibilities or other privileges							
1.	Have you been convicted of a crime? If so, please complete the following information for each conviction. If not, please leave this section blank. Attach additional pages as necessary.						
	Name or Type of Offense:						
	Name and Jurisdiction of Court/Tribunal:						
	Year Convicted:						
	Penalty or Punishment Imposed:						
	Further Explanation:						
2.	. Have you ever been disciplined or sanctioned by a sport governing body or by an independen body (e.g., private tribunal, government agency, etc.) or dismissed from a coaching or voluntee position? If so, please complete the following information for each disciplinary action of sanction. If not, please leave this section blank. Attach additional pages as necessary.						
	Name of disciplining or sanction	oning body:					
	Date of discipline, sanction or	dismissal:					
	Reasons for discipline, sanctic	n or dismissal:					
	Penalty or Punishment Impos	ed:					
	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. If not, please leave this section blank.
	Attach additional pages as necessary.

Name or Type of Offense:
Name and Jurisdiction of Court/Tribunal:
Name of disciplining or sanctioning body:

PRIVACY STATEMENT

Further Explanation:

By completing and submitting this Screening Disclosure Form, I consent and authorize WCL 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 and/or Driver's Abstract (when permitted by law) for the purposes of screening, implementation of the *Screening Policy*, administering membership services, and communicating with National Sport Organizations, Provincial / Territorial Sport Organizations, Clubs, and other organizations involved in the governance of sport. WCL 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 WCL 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.

DATED:	NAME:	SIGNATURE:	