

APPENDIX 2 - SCREENING DISCLOSURE FORM AND PRIVACY STATEMENT

	NAME:						
	First		Middle	Last			
	OTHER NAMES YOU H	HAVE USED:					
CURRENT PERMANENT ADDRESS:							
	Street	City	Province	Postal			
	DATE OF BIRTH:	 Month/Day/Year	GENDER				
	ORGANIZATION:		EMAIL:				
			or which a pardon has not been eening requirements as require	granted may be considered an dby the Organization's Screening Policy.			
1.	Have you ever been convicted of a crime for which a pardon has not been granted?						
	YesNoIf yes, please describe below for each conviction:						
	Name or Type of Offense:						
	Name and Jurisdiction of Court/Tribunal:						
	Year Convicted:						
	Penalty or Punishment Imposed:						
	Further Explanation: _						
	agency,currentlypend	ingorthreatenedagainst		-			
)				
If y	ves, please explain for ea	ach pending charge:					
	Name or Type of Offer	nse:					
	Name and Jurisdiction of Court/Tribunal:						
	Further Explanation:						

	Yes	_No	If yes, please describe each finding, judgment or ruling below:				
	Civil Court Finding		Out of Court Settlement:	Type Finding:			
	Year of Offense or	Settlement:	_				
	Penalty or Punishr	nent Impose	d:				
	Further Explanatio	n:					
4.	Have you ever been the subject of a decision of a court or tribunal that might reflect adversely on the profession of coaching, the sport of baseball, or any other sport? YesNoIf yes, please describe below:						
	Type of Offense: _						
	Year of Decision: _						
	Penalty or Punishment Imposed:						
	Further Explanatio	n:					
5.	Have you ever been dismissed from a position due to allegations of ethical or moral misconduct? YesNoIf yes, please describe below:						
	Name of applicable Organization:						
	Date of Dismissal:						
	Reason for Dismiss	sal:					
6.	Have you ever been disciplined or sanctioned by an international sport tribunal, by a National sport governing bod outside Canada, by a National Sport Organization within Canada, or by any other any other sport organization/Organization/Organization?						
	YesNo_	If y	es, please describe below:				
	Name of applicabl	e Organizati	on:				

Reason for Discipline or Sanction:
For more than one conviction please attach additional page(s) as necessary.
Certification I hereby certify that the information contained in this application is accurate, correct, truthful and complete. I further certify that I will immediately inform the Organization of any changes in circumstances that would alter my original responses to
this Screening Disclosure Form. Failure to do so may result in termination of membership and/or further discipline.

PRIVACY STATEMENT

Date of Discipline or Sanction:

By completing and submitting this Screening Disclosure Form, you consent and authorize the Organization to collect, use and disclose your personal information, including all information provided on the Screening Disclosure Form, Police Record Check and/or Vulnerable Sector Check for the purposes of screening, implementation of the Organization's Screening Policy, administering membership services and communicating with other National Sport Organizations, Provincial Sport Organizations, Sport Organizations, and other organizations involved in the governance of the sport of baseball. The Organization does not distribute personal information for commercial purposes.

Signature: _____ Date: _____Date: