



Staten Island Ice Hockey Association, Inc

P.O. Box 061-243

Staten Island, NY 10306

Telephone: (718) 966 8708 Website: siiha.com Email: siiha@aol.com

STAFF SCREENING FORM

Participant Information - New Members or Old Members (cross out incorrect information and indicate changes)

--- PERSONAL INFORMATION ---

Last Name: _____ First Name: _____ Date of Birth: _____ Id#: _____

Address: _____ Apt#: _____ City: _____ State: _____ Zip: _____

For How Long?: _____ Other Residents (last 5 yrs): _____ Email: _____

Soc-Sec-No: _____ Sex: _____ Race: _____ Age: _____ Phone: _____ Spouse: _____

Height: _____ Weight: _____ Lbs. Eye Color: _____ Hair Color: _____ Glasses (Y/N): _____

--- BUSINESS/VOLUNTEER INFORMATION ---

Employer(s) Name: _____ Work Phone: _____

Address: _____ Apt#: _____ City: _____ State: _____ Zip: _____

Volunteer, community, charitable and/or other non-paid experience:

Organization. Name	Address	City	State	Zip	Phone
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you ever been convicted of or pleaded guilty to a crime (including crimes the record of which has been expunged or to which you pled *nolo contendere* or no contest)? [] Yes [] No If Yes, Describe the Circumstances (include date & State): _____

Have ever been subject to any court order involving any sexual or physical abuse of a minor, including but not limited to a domestic order of protection? [] Yes [] No If Yes, Describe the Circumstances (include date & State): _____

Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse? [] Yes [] No If Yes, Describe the Circumstances (include date & State): _____

Have your parental rights ever been terminated? [] Yes [] No If Yes, please explain _____

Have complaints ever been made against you either at work or in your capacity as a volunteer that you sexually or physically abused a minor? [] Yes [] No If Yes, please explain _____

AFFIRMATION

Initial: _____ & date: _____ if this preprinted form is not amended and "No" is indicated in all the statement boxes above, your signature is on file with the source document. This form will supplement it.

If New Staff or the preprinted form was amended or "YES" is indicated in any statement, sign and date.

Date: _____ Print Name: _____ Signature: _____