



**CRIMINAL OFFENCE DECLARATION**  
**LOCAL ASSOCIATION TEAM OFFICIALS/VOLUNTEERS**  
(AS PER OHF SCREENING POLICY – APPENDIX 'A')

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

Date of Birth: \_\_\_\_\_  
Month/Day/Year

Telephone number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Local Minor Hockey Association: \_\_\_\_\_

Failure to execute this process will be in violation of the OHF Screening Policy, this will mean that the individual will be considered to be not in good standing and may be subject to further discipline.

I, \_\_\_\_\_, hereby declare that:  
(Print Name)

I have no convictions for offences under the Criminal Code of Canada as specified in the OHF Screening Policy, up to and including the date of this declaration for which a pardon has not been issued or granted under the Criminal Records Act (Canada).

I have no convictions for offences in any other country, up to and including the date of this declaration for which a pardon has not been issued or granted.

OR

I have the following convictions for offences under the Criminal Code of Canada as specified in the OHF Screening Policy for which a pardon under the Criminal Records Act (Canada) has not been issued or granted.

I have the following convictions for offences in another country for which a pardon has not been issued or granted.

Supplementary Information, Including Outstanding Charges, Warrants and Order.

DATE	LOCATION	CHARGE	DISPOSITION

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete and submit in a sealed envelope with your name printed on the front, to the Professional Designate for your Local Minor Hockey Association. **THIS FORM IS NOT FOR USE BY HCOP OFFICIALS**