

Appendix B – Application Form

Note: Individuals who are applying to volunteer or work within certain positions with The Saskatchewan Archery Association Inc (SAA) must complete this Application Form. Individuals need to complete an Application Form once for the position sought. If the individual is applying for a new position within the SAA, a new Application Form must be submitted.

NAME:

First

Middle

Last

CURRENT PERMANENT ADDRESS:

Street

City

Province

Postal

DATE OF BIRTH: _____
YEAR/MONTH/DAY

GENDER IDENTITY: _____

EMAIL: _____ **PHONE:** _____

POSITION(S) SOUGHT: _____

By signing this document below, I agree to be subject to and adhere to the policies and procedures of the SAA, including but not limited to the *Code of Conduct and Ethics*, *UCCMS*, *Conflict of Interest Policy*, *Privacy Policy*, and *Screening Policy*. Policies are located at the following link: [SAA Policies\[\]](#)

Character Reference:

NAME (print): _____ **Phone:** _____

Email: _____

I recognize that I must pass certain screening requirements depending on the position sought, as outlined in the *Screening Policy*, and that the Screening Committee will determine my eligibility to volunteer or work in the position.

NAME (print): _____ **DATE:** _____

SIGNATURE: _____

Appendix C – Screening Disclosure Form

NAME:

First Middle Last

OTHER NAMES YOU HAVE USED: _____

CURRENT PERMANENT ADDRESS:

Street City Province Postal

DATE OF BIRTH: _____ GENDER IDENTITY: _____
YEAR/MONTH/DAY

CLUB (if applicable): _____ EMAIL: _____

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. 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 independent body (e.g., private tribunal, government agency, etc.) or dismissed from a coaching or volunteer position? If so, please complete the following information for each disciplinary action or sanction. Attach additional pages as necessary.

Name of disciplining or sanctioning body: _____

Date of discipline, sanction or dismissal: _____

Reasons for discipline, sanction or dismissal: _____

Penalty or Punishment Imposed: _____

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. Attach additional pages as necessary.**

Name or Type of Offense: _____

Name and Jurisdiction of Court/Tribunal: _____

Name of disciplining or sanctioning body: _____

Further Explanation: _____

PRIVACY STATEMENT

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

NAME (print): _____

DATE: _____

SIGNATURE: _____

Appendix D – Screening Renewal Form

NAME:

First Middle Last

CURRENT PERMANENT ADDRESS:

Street City Province Postal

DATE OF BIRTH: _____ GENDER IDENTITY: _____
YEAR/MONTH/DAY

EMAIL: _____ PHONE: _____

By signing this document below, I certify that there have been no changes to my criminal record since I last submitted an Enhanced Police Information Check and/or Vulnerable Sector Check and/or Screening Disclosure Form to the SAA. I further certify that there are no outstanding charges and warrants, judicial orders, peace bonds, probation or prohibition orders, or applicable non-conviction information, and there have been no absolute and conditional discharges.

I agree that any Enhanced Police Information Check and/or Vulnerable Sector Check and/or Screening Disclosure Form that I would obtain or submit on the date indicated below would be no different than the last Enhanced Police Information Check and/or Vulnerable Sector Check and/or Screening Disclosure Form that I submitted to the SAA. I understand that if there have been any changes, or if I suspect that there have been any changes, it is my responsibility to obtain and submit a new Enhanced Police Information Check and/or Vulnerable Sector Check and/or Screening Disclosure Form to the Screening Committee instead of this form.

I recognize that if there have been changes to the results available from the Enhanced Police Information Check and/or Vulnerable Sector Check and/or Screening Disclosure Form, and that if I submit this form improperly, then I may be subject to disciplinary action and/or the removal of volunteer responsibilities or other privileges at the discretion of the Screening Committee.

NAME (print): _____ DATE: _____

SIGNATURE: _____

Appendix E – Request For Criminal Record Check

Note: the SAA will be required to modify this letter to adhere to any requirements from the CRC provider

INTRODUCTION

The SAA is requesting a Criminal Record Check for _____, who identifies as a _____ and who was born on _____.

DESCRIPTION OF ORGANIZATION

The SAA is a not-for-profit Provincial organization for the sport of Archery located in Saskatchewan.

The SAA is committed to the safety of its archers, coaches, and volunteers. We strive to provide our community a safe and fun environment for all levels of archery.

DESCRIPTION OF ROLE

_____ will be acting as a _____.
In this role, the individual will have access to vulnerable individuals.

CONTACT INFORMATION

If more information is required from the SAA, please contact the Screening Committee Chair:

Tristan Spicer-Moran,
Executive Director, SAA

Nicole Grass
Safe Sport Liaison

Email: executivedirector@saskarchery.ca
Phone: 306-980-6340

Email: saasafesport@saskarchery.ca

Signed: _____ Date: _____