ACXIOM

Employment Screening Services Inc.

ATLANTIC AMATEUR HOCKEY ASSOCIATION
BACKGROUND REQUEST FORM

SCREENING FORM

SECTION 1

Check State of Residence

X Statewide Criminal Record Check

___ Delaware

___ Pennsylvania

___ New Jersey

___ New York
Social Security Number Trace
All County Checks based on Trace

___ Maryland
Social Security Number Trace
All County Checks based on Trace

SECTION 2 (Print or type information)

Date: _____/_____/_____

Company Name: AAHA/USA Hockey Account: E8082315

Requestor Name: AAHA

SECTION 3 (Print or type information)

Subject Name: _____ _____ _____
First *M.* *Last*

Address: _____

City: _____ State: _____ Zip: _____

S.S.#: _____ - _____ - _____ D.O.B.: _____/_____/_____

Telephone: _____

Club/Organization: _____

Coach: _____ Volunteer: _____

Instructions for Screening:

1. All new coaches and volunteers to your organization must complete this form.
2. Please instruct participant to complete Section's 1, 2 and 3 and sign below. ***All information must be filled in or this application will be rejected.***
3. Please make your check for $35.00 payable to ***AAHA.***
4. Return this completed form and payment to:

Atlantic District Executive Office
c/o Flyers Skate Zone
601 Laurel Oak Road
Voorhees, NJ 08043

I certify that all information given by me in this application is true and correct to the best of my knowledge. I understand that false or misleading statements made by me or consequential omissions of any kind in the application process are significant cause for my not being accepted as a volunteer/employee or for my dismissal no matter when discovered. I authorize ***Atlantic Amateur Hockey Association*** to investigate all information contained in this application.

Signature: _____ Date: _____

Need Additional Copies? Please photocopy