

**ATLANTIC AMATEUR HOCKEY ASSOCIATION  
BACKGROUND REQUEST FORM****NEW SCREENING FORM****2007 - 2008**

<b>SECTION 1</b>	<b>SECTION 2</b> (Print or type information)
Check State of Residence	Date: ____/____/____
<input checked="" type="checkbox"/> Statewide Criminal Record Check	Company Name: <u>AAHA/USA Hockey</u> Account: <u>E8082315</u>
<input type="checkbox"/> Delaware	Requestor Name: <u>AAHA</u>
<input type="checkbox"/> Pennsylvania	<b>SECTION 3</b> (Print or type information)
<input type="checkbox"/> New Jersey	Subject Name: _____
<input type="checkbox"/> New York	<i>First M. Last</i>
Social Security Number Trace All County Checks based on Trace	Address: _____
<input type="checkbox"/> Maryland	City: _____ State: _____ Zip: _____
Social Security Number Trace All County Checks based on Trace	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: \_\_\_\_\_