OFFENCE DECLARATION FORM



Volunteers to complete and submit form annually to CANUSA.

I attest that I have advised the CANUSA Games Board of Directors Police Liaison(s) if I became the subject of any criminal investigation, if I became the subject of any child welfare investigations, if my driver's license has been suspended or restricted for any reason, or if any charges were brought against me, even if the charges are pending.

Please check the appropriate box:	
There have been no Declaration Form.	o occurrences as described above since my last Police Record Check or Offence
All reportable matte	ers as described above were discussed with CANUSA Games Board of Directors Police e occurrence(s).
I hereby attest that the infor	mation disclosed herein is true, complete and accurate to the best of my knowledge and belief.
(Please Print)	
Legal First Name:	
Legal Middle Name:	
Legal Last Name:	
Preferred First Name:	
Home Address:	
City:	
Phone Number:	()
Role:	Adult from Host Family / Coach / Coordinator / Director / Office / Other Volunteer
Sport:	
Name of Athlete (if applicable):	
Signature:	
Date:	
CANUSA Office Use Only	
CANUSA Games Witness: (To be signed upon receipt)	Date:



