



APPLICATION

FOR ORGANIZATION IN THE VULNERABLE SECTOR

Receipt #
Admin. #

SECTION 1 – NAME OF ORGANIZATION

Complete name of organization ASSOCIATION HOCKEY GATINEAU	I.D. #	New application <input type="checkbox"/> Renewal <input type="checkbox"/>
Adresse complète de l'organisme C.P. 762, Gatineau, Qc. J8P 6J2	Adresse courriel de l'organisme registraire@hockeygatineau.com	Volunteer <input checked="" type="checkbox"/> * Paid employee <input type="checkbox"/> join payment
Téléphone # 819-669-5226	Fax # 819-669-5227	Nature of employment : Bénévole

SECTION 2 – IDENTITY CHECK ON THE APPLICANT (PRINT) * 2 PIECES OF I.D. INCLUDING AT LEAST ON WITH PHOTOGRAPH

Driver's license <input type="checkbox"/> Passeport <input type="checkbox"/> Health insurance card <input type="checkbox"/> Other <input type="checkbox"/> (spécifier)		
Complete name of organization representative who proceeded with the identification of applicant	Signature of representative X	Date(yy-mm-dd)
TO BE COMPLETED IF VOLUNTEER		
I confirm that the applicant will be working only as a volunteer and will not receive any salary from the organization. Any false declaration is subject to the the annulation of the protocol signed with the SPVG		
Signature of representative : X _____ Date : _____ (yy-mm-dd)		

SECTION 3 – APPLICANT IDENTIFICATION (PRINT)

Name	First Name	Date of birth (yy-mm-dd)	Male/Female	Height	Eyes
Complete address	Postal code	Home phone #	Work phone #		
Driver's license #		Province where license was issued			
Maiden name		Employment			
Addresses (past 5 years)					
_____ From: (month/year) _____ To : (month/year) _____					
_____ From: (month/year) _____ To : (month/year) _____					
(Use another sheet if needed)					

SECTION RÉSERVÉD FOR SPVG

Reception date : _____	Employee number : _____
RESULTS OF BACKGROUD CHECK <i>(See criterias selected by organisation)</i>	
Based on the checks and the information available in the databases available to us on this day : _____,	
we find that : <input type="checkbox"/> there is no registration concerning any of the identified areas/criteria.	
<input type="checkbox"/> appropriate checks were carried out.	
_____	_____
SPVG representative's name (print)	Signature of representative
_____	_____
Phone number	Date

