

# Wisconsin Amateur Hockey Association



## Online Screening Instructions

The following instructions, together with the online instructions and prompts provided by the Protect Youth Sports website, will guide you through the Wisconsin Amateur Hockey Association online background screening process. Sample website screens are also provided for reference.

Under federal law, volunteer organizations must secure a signed consent/release form from each individual for whom a background check is to be requested. Consent/Release Forms are supplied online by Protect Youth Sports.

### Registration Instructions:

1. Click on the screening link from the WAHA website
2. Scroll down to find your local association
3. Click on the link to the application form
4. Complete the form and click Next

WISCONSIN AMATEUR HOCKEY ASSOCIATION



### Application Form

Please enter your information within the next 30 minutes

Full Legal Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First	Middle	Last
Other Names Used:	<input type="checkbox"/> Check this box to enter other names you may have been known as in the past, such as your maiden name.		
Current Address Since:	<input type="text"/>	<input type="text"/>	
	(MM/DD/YYYY)	Street, apartment, etc.	
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City	State	Zip
Previous Address From:	<input type="text"/>	<input type="text"/>	
	(MM/DD/YYYY)	Street, apartment, etc.	
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City	State	Zip
Previous Address From:	<input type="text"/>	<input type="text"/>	
	(MM/DD/YYYY)	Street, apartment, etc.	
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City	State	Zip
Social Security Number:	<input type="text"/>		
	(###-##-####) Required Only for Identity Verification Purposes		
Date of Birth:	<input type="text"/>		
	(MM/DD/YYYY) Required Only for Identity Purposes		
Gender:	<input checked="" type="checkbox"/> Female		
	<input type="checkbox"/> Male		
Phone Number:	<input type="text"/>	<input type="text"/>	
	(877)319-5587	(###)###-####	
Email:	<input type="text"/>		
Drivers License:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Number	State	

Next >

## 5. Read and Agree to the Authorization to Screen, Type your full name and Submit

### Authorization Text:

The information contained in this application is correct to the best of my knowledge. I hereby authorize Wisconsin Amateur Hockey Assoc and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, employment credit history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Wisconsin Amateur Hockey Assoc or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. I hereby release Wisconsin Amateur Hockey Assoc, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

I agree    Full name:     Date:

By checking the 'I agree' box and entering my full name I recognize that this is equivalent to my legal signature.

### Notice to California, Minnesota and Oklahoma Residents *ONLY*:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.

[< Previous](#)   [Submit >](#)

## 6. Complete payment information and click Pay (cost is \$7.95)

Payment to Priority Research and Protect Youth Sports: \$10.00

Name on credit card:

Credit card number:  No dashes, no spaces.  
We accept Visa, Mastercard and Discover.

Expiration:  MMY

Security code:  (The last three numbers on the back of the card)

### Billing address

Address line 1:

Address line 2:

City:

State:

Zip:

Email address for receipt:

[Pay >](#)

Your credit card will be charged for the amount shown above.  
You will receive an email to confirm your payment.

## 7. Confirmation will appear

### Application Questions

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**Thank you, your application has been submitted.**

## 8. You will receive a receipt for your payment via email

From: lbradley@priorityresearch.com  
To: bsnellings@protectyouthsports.com  
Cc:  
Subject: Background Screening Payment Receipt

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General Information  
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Merchant Account: Priority Research  
Date/Time : 03/09/2011 3:08:25 PM EST

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Transaction Information  
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Order ID : 1  
Transaction Amount : \$10.00  
Transaction ID : 1372574858  
Authorization Code : 04777Z  
Transaction Type : Card Sale  
Response : APPROVED  
AVS Results : 5-character Zip match only  
CSC Results : CVV2/CVC2 Match

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Customer Billing Information  
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First Name : Brad  
Last Name : Snellings  
Company : SP  
Address : 18946 N. Dale Mabry Hwy. Suite 101  
City : Lutz  
State : FL  
Zip Code : 33548  
Country : US  
Phone :  
Email : [bsnellings@protectyouthsports.com](mailto:bsnellings@protectyouthsports.com)