Screening Handbook Appendices

March 2025

# APPENDIX A - OATH OF CONFIDENTIALITY

## DECLARATION OF CONFIDENTIALITY AND NON-DISCLOSURE

**Name of Recipient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Hereinafter “Recipient”)

**Introduction**

The Recipient may become exposed to Confidential Information through the course of their involvement with (INSERT NAME OF ORGANIZATION) (the “Organization”). In order to clearly define the parameters to such disclosure and involvement, the Recipient agrees as follows:

**Confidential Information**

The Confidential Information to be disclosed by the Organization to the Recipient (”Confidential Information”) can be described as and includes:

1. Information relating to any athlete or group of athletes;
2. All personnel-related information;
3. Financial or charitable activities;
4. Strategic and operational plans; and
5. The content of all contracts and agreements, such as personal service contracts, and other licensing agreements

**Responsibilities**

The Recipient will:

1. Keep in strictest confidence, at all times, all Confidential Information.
2. Not publish, communicate, divulge or disclose to any unauthorized third party or parties, any Confidential Information, without the prior written consent of the Organization.
3. Not allow other third parties access to the Confidential Information.
4. Comply with the requirements of the *Personal Information Protection and Electronic Documents Act*.
5. Not use the Confidential Information for personal advantage or private speculation.
6. Limit disclosure of Confidential Information within its own organization to individuals having a need to know.

**Ownership and Return of Confidential Information**

All Confidential Information shall remain the sole property of the Organization. The Recipient shall have no right to (and agrees not to) copy, duplicate or reproduce in any fashion any of the Confidential Information without the Organization’s prior written consent.

Upon written request by the Organization, the Recipient shall promptly return all materials and documents containing Confidential Information and shall ensure that any and all materials and documents prepared in conjunction with or as a result of any Confidential Information shall be destroyed and that the Recipient shall provide the Organization with written confirmation of same.

**Legal Recourse**

The Recipient agrees that in the event of any breach or threatened breach by the Recipient, the Organization may terminate the Recipient’s involvement with the Organization or any other legal remedies which may be available.

**Acknowledgement**

The Recipient acknowledges that they have read and understand this Agreement and voluntarily accept the duties and obligations set forth herein.

Dated at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_

Print Recipient’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recipient’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# APPENDIX B - POSITION DESCRIPTIONS

**COMPETITIVE DEVELOPMENT TEAM OFFICIALS**

POSITION: COMPETITIVE DEVELOPMENT PROGRAM

RISK LEVEL: HIGH RISK POSITION

RESPONSIBLE TO: COMPETITIVE DEVELOPMENT PROGRAM CO-ORDINATOR

GOALS:

* Instruction in advanced soccer skills
* Positional play and individual roles on a team
* Competition at a high level of play
* Building and maintaining team chemistry while fostering individual excellence
* Encouraging commitment and self-discipline
* Encouraging self-confidence and individual skill development through creating a positive and safe environment
* Playing for the ‘love of the game’

ACTIVITIES:

* Weekly practice & game(s) for players (maximum number of players as set by the Development Matrix or league)
* Tournament/Festival play - travelling and overnight stays
* Upgrading qualifications through coaching certification clinics as mandated by the Ontario Soccer or Organization and the League

RESPONSIBILITIES:

* Establishment of a Coaching staff: Assistant(s), Manager, in accordance with Organization policy
* Team Committees with assigned responsibilities as determined by Coach and facilitated through the Team/Program Manager
* Establish behaviour expectations on part of players
* Extensive knowledge of the Game and player development techniques
* Attendance at Competitive/Development Coaches’ meetings
* Participation in all related coaching clinics as established by the Organization
* Familiarity with Organization policies pertaining to Competitive/Development Programs
* Familiarity with the Organization’s Code of Conduct
* Background in injury prevention and management
* Adherence to coaching standards as set by the Head Coach

BOUNDARIES/ LIMITATIONS:

* Shall never be alone with a player
* Shall not be responsible for transportation to/from practices/games/tournaments/festivals
* Shall not be responsible for water or snacks
* Shall be a role model - no drugs/alcohol/smoking or abusive language at practices/games/tournaments/festivals
* Shall comply with the Dress Code as defined by the Organization
* Shall adhere to Ontario Soccer and Organization policies
* Shall embrace Organization values, principles, and policies Shall demonstrate the ability to set and maintain standards for players (i.e. respect, self-discipline, fair play)

SKILLS/QUALIFICATIONS/EXPERIENCE**:**

* As set by Ontario Soccer/Organization and the League/competitions in which the team plays
* Knowledge of all aspects of the Game and player development techniques
* Experience as a player with ability to instruct through demonstration and a variety of teaching styles
* Ability to relate to the Development Stage of the player
* Minimum age requirement – 18yrs

PERSONAL TRAITS/QUALITIES:

* Positive role model for players
* Fair-minded, sportsmanlike approach
* Ability to communicate with players, parents, and officials
* Patience, understanding and a sense of humour
* Ability to exercise good judgement

ORIENTATION TRAINING:

* Maintaining coaching qualifications as established by the Ontario Soccer/Organization/League
* Awareness of personal health issues and safety practices
* Clear understanding of Organization policy regarding Competitive/Development program matters

SUPPORT/SUPERVISION & EVALUATION:

* Organization Head Coach will be in attendance at random practices and/or games
* Respond to directives from Competitive/Development Program Coordinator
* Player/ Parent evaluation forms as per Organization policy

MANDATORY ACTIVITIES:

* Clinics as mandated by the Organization
* Weekly practice(s) and game(s)/tournaments/Festivals
* Player evaluation and selection
* Communication with parents

WORKING CONDITIONS:

* Indoors/Outdoors - variety of practice conditions
* Times for practices
* Commitment from approval by Selection Committee to end of season

BENEFITS (VOLUNTEER):

* Working with young people
* Imparting the values of active participation, team work, and fair play
* Overseeing the development of players to their potential
* Assisting athletes in trying to be the best that they can be
* Community contribution

SCREENING MEASURES:

* Competitive Development program application form with personal references to be checked
* Interview(s) with Selection Committee
* Mandatory screening requirements, per the Screening Policy
* Documented monitoring by Organization Representative(s)

**GRASSROOTS SOCCER TEAM OFFICIALS**

POSITION: GRASSROOTS TEAM OFFICIALS (**NON-TRAVELLING)**

RISK LEVEL: LOW RISK POSITION

RESPONSIBLE TO: LEAGUE CONVENOR

GOALS:

* Instruction in basic soccer skills
* Active participation
* Introduction of team skills
* Creating a safe and fun environment
* Establish codes of ‘fair play’ and reinforce values of ‘good sport’

ACTIVITIES:

* Weekly practice & game(s) for players
* Coaching in game situations with equal participation
* Others as mandated by the Organization

RESPONSIBILITIES:

* Communication with parents (i.e., practice/ game schedules; half-time snacks;) and Organization Record-keeping - player information (team rosters; medical concerns; injury authorization) on hand for practices and games
* Knowledge of Organization policies re: player safety - heat/weather conditions during practice/ games; field conditions
* Familiarity with guidelines for reporting Child Abuse
* Distribution of player equipment as issued by Organization
* Ensure players are properly outfitted relative to personal safety, and, as required by the Rules of the Games
* Familiarity with Grassroots Soccer rules as issued by the Organization
* Participation in all related orientation and coaching clinics sponsored by the Organization
* Game Leader commitment for at least ½ of each game
* Playing background and/or work with children an asset

BOUNDARIES/ LIMITATIONS:

* Shall never be alone with a player
* Shall not be responsible for transportation to/from practices/games/tournaments/Festivals
* Shall not be responsible for water or snacks
* Shall be a role model - no drugs/alcohol/smoking or abusive language at practices/games/tournaments/Festivals
* Shall comply with the Dress Code as defined by the Organization
* Shall adhere to Ontario Soccer and Organization policies
* Shall embrace Organization values, principles
* Shall demonstrate the ability to set and maintain standards for players (i.e., respect, self-discipline, fair play)

SKILLS/QUALIFICATIONS/EXPERIENCE:

* As required by the Organization
* Minimum age as set by Organization (with coaches under 18 requiring written permission per Organization policy)

PERSONAL TRAITS/QUALITIES:

* Interest in working with young people
* Positive role model
* Fair-minded, sportsmanlike approach
* Ability to communicate with players and parents
* Patience, understanding and a sense of humour

ORIENTATION TRAINING:

* Attending mandatory clinics as established by the Organization
* Awareness of personal health issues and safety practices
* Working in best interests of players and the game of soccer

SUPPORT/ SUPERVISION & EVALUATION:

* Convenor responsibility
* Random calls to parents to monitor coaching

MANDATORY ACTIVITIES:

* Attendance at Clinics/Orientation sessions
* Weekly practice and game
* Communication with parents

WORKING CONDITIONS:

* Indoors/Outdoors - variety of practice conditions
* Appropriateness of weather/field conditions for practices/games
* Times for practices

BENEFITS (VOLUNTEER):

* Working with young people
* Imparting the values of active participation, team work, and fair play
* Introducing games skills and rules
* Community contribution

SCREENING MEASURES:

* Completion of a simplified application form
* Informal interview aside from initial group meeting outlining safe practices
* As per Support/Supervision & Evaluation guidelines
* References Optional

# APPENDIX C - SAMPLE APPLICATION FORM

**SECTION A: Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel Home/Cell (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code \_\_\_\_\_\_\_\_\_\_\_\_ Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coaching Position Preferred: (Age Group & Gender)**

1st Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3rd Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a child currently playing with the Organization? □Yes □No

**SECTION B:** **Coaching Qualifications**

N.C.C.P. Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ontario Soccer Coach Number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Certification** | **Date Achieved** | **Certificate #** |
| **Respect In Sport Activity Leader** |  |  |
| **Coaching in Canada** |  |  |
| **Community Coach Level 1** |  |  |
| **Active Start** |  |  |
| **Fundamentals** |  |  |
| **Learn to Train** |  |  |
| **Provincial B, Part 1** |  |  |
| **National B, Part II Canada Soccer** |  |  |
| **National A, Canada Soccer** |  |  |
| **Making Ethical Decisions** |  |  |
| **Making Ethical Decisions evaluation** |  |  |
| **NCCP Rule of Two** |  |  |
| **Other:** |  |  |

**SECTION C:** **Previous Coaching Experience**

If you have coached a team within the past three (3) years, please indicate: (I) Year; (ii) Organization; (iii) Age Division; (iv) the League in which the team played.

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Name* *Year* *League*

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Name* *Year* *League*

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Name* *Year* *League*

**SECTION D:** **Additional Information**

1. A resume outlining your qualifications for this coaching position may be attached.

**SECTION E:** **Requirements**

1. A current police records check and vulnerable sector check is a requirement of this position. The original copy of such should be available for review at any time.

1. References (3):

  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. A Personal Interview

1. Coaching candidates may be required to conduct a practice prior to selection to a coaching position.

*I have reviewed and agreed to the role and position (as defined) and have accurately completed this application and understand that the above references may be contacted.*

Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Organization use only:

|  |  |  |
| --- | --- | --- |
| **Item** | **Date Received/completed** | **Organization Initials** |
| **Photocopy of Qualifications** |  |  |
| **Police Records Check** |  |  |
| **Personal Reference Checks** |  |  |
| **Interview:** |  |  |
| **Practice session** |  |  |
| **Required Documents returned to Applicant** |  |  |
| **Resume received** |  |  |

# APPENDIX D - SAMPLE REFERENCE CHECK SCRIPT

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Reference Name** | **Home/Cell Number** | **Work Number** | **Occupation** |
|  |  |  |  |

Interviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Hello, my name is (your name) and I am calling on behalf of (name of organization). (Name of applicant) has applied to be a volunteer with us doing (job definition). Your name has been provided as a reference. Do you have a few minutes to answer some questions now* ***OR*** *would you be willing to be a reference?*

|  |  |  |
| --- | --- | --- |
| *Question* | *Answer* | *Interviewer Comments* |
| How long have you known (name of applicant)? |  |  |
| What is your relationship to (name of applicant)? |  |  |
| It is important that our volunteers are reliable. Tell me about your experiences with (name of applicant) in regard to reliability. |  |  |
| What are (name of applicant’s) strengths and weaknesses in regard to working with (indicate specific participant group: age, gender, playing level etc.) |  |  |
| How would you feel about having (name of applicant) work on a one-to-one basis with your (child)? |  |  |
| It is important to us that (name of organization)’s volunteers are comfortable with being (supervised or are able to work independently with little or no supervision). What is your experience with (name of applicant’s) ability to accept (being supervised or working independently)? |  |  |
| This volunteer position requires handling many tasks at once and can be stressful at times. How does (name of applicant) deal with stressful situations? |  |  |
| Is there any reason you know of why (name of applicant) would not be able to perform the duties necessary for this volunteer position |  |  |
| Would you ever consider re-appointing (name of an applicant)? |  |  |
| Is there anything else you would like to tell me about (name of applicant)? |  |  |

# APPENDIX E - SCREENING DISCLOSURE FORM

**NAME**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*First*  *Middle*  *Last*

**OTHER NAMES YOU HAVE USED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRENT PERMANENT ADDRESS**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street* *City*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Province* *Postal*

**DATE OF BIRTH:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Month/Day/Year*

**CLUB (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EMAIL**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: Failure to disclose truthful information below may be considered an intentional omission and warrant the loss of responsibilities or other privileges*

1. **Do you have a criminal record? If so, please complete the following information for *each conviction*. If not, please leave this section blank. Attach additional pages as necessary.**

Name or Type of Offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Jurisdiction of Court/Tribunal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Convicted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Penalty or Punishment Imposed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Further Explanation:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Have you ever been disciplined or sanctioned by a sport governing body or by an independent body (e.g., private tribunal, government agency, etc.) or dismissed from a coaching or volunteer position? If so, please complete the following information for each disciplinary action or sanction. If not, please leave this section blank. Attach additional pages as necessary.**

Name of disciplining or sanctioning body: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of discipline, sanction or dismissal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reasons for discipline, sanction or dismissal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Penalty or Punishment Imposed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Further Explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are criminal charges or any other sanctions, including those from a sport body, private tribunal or government agency, currently pending or threatened against you? If so, please complete the following information for each pending charge or sanction. If not, please leave this section blank. Attach additional pages as necessary.**

Name or Type of Offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Jurisdiction of Court/Tribunal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of disciplining or sanctioning body: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Further Explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRIVACY STATEMENT**

By completing and submitting this Screening Disclosure Form, I consent and authorize the Organization to collect, use and disclose my personal information, including all information provided on the Screening Disclosure Form as well as my Enhanced Police Information Check and/or Vulnerable Sector Check and/or Driver’s Abstract (when permitted by law) for the purposes of screening, implementation of the Organization’s *Screening Policy*, administering membership services, and communicating with National Sport Organizations, Provincial/Territorial Sport Organizations, Sport Clubs, and other organizations involved in the governance of sport. The Organization does not distribute personal information for commercial purposes.

**CERTIFICATION**

By signing this document below, I certify that there have been no changes to my criminal record since I last submitted an Enhanced Police Information Check and/or Vulnerable Sector Check and/or Screening Disclosure Form and/or Driver’s Abstract (“Personal Document”) to the Organization.

I further certify that there are no outstanding charges and warrants, judicial orders, peace bonds, probation or prohibition orders, or applicable non-conviction information, and there have been no absolute and conditional discharges.

I agree that any Personal Document that I would obtain or submit on the date indicated below would be no different than the last Personal Document that I submitted to the Organization. I understand that if there have been any changes, or if I suspect that there have been any changes, it is my responsibility to obtain and submit a new Personal Document to the Organization’s Screening Committee instead of this form.

**I recognize that if there have been changes to the results available from any Personal Document and if I submit this form improperly, then I am subject to disciplinary action and/or the removal of my responsibilities or other privileges at the discretion of the Screening Committee.**

**NAME (print)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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