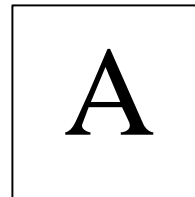


Last Name: \_\_\_\_\_ Club: \_\_\_\_\_ Team: \_\_\_\_\_ Under: \_\_\_\_\_

# BRITISH COLUMBIA SOCCER ASSOCIATION

## RISK MANAGEMENT POLICY

(as of July 1, 1998)



### 1. VOLUNTEER DISCLOSURE STATEMENT:

The **BCSA** thanks you for volunteering your time to assist the Youth of BC in playing and learning the game of soccer. Due to the alarming number of incidents involving adults and youth under their direct supervision, the Board of Directors has devised a procedure under the Risk Management Policy whereby all volunteers are required to complete the **VOLUNTEER DISCLOSURE STATEMENT**. The intent of this procedure is to ensure the protection of our volunteers and our youth. Please be assured that maximum confidentiality will be maintained. Your cooperation is greatly appreciated.

### 2. APPLICATION:

I, the undersigned, understand that my volunteer position with the **BCSA** is contingent upon a review and approval of this truthfully completed and signed **VOLUNTEER DISCLOSURE STATEMENT**. I also understand that the information, which I have provided, is subject to verification, which may include a criminal-history check. I further understand that if I am permitted to volunteer, I may be discharged for any misrepresentation or omission on this form or as a result of the verification process. This form must be updated at least every two years. (Please Print):

First Name: \_\_\_\_\_ Initial \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender M/F  
(Please Print) (Please Print) (Circle)

Address: \_\_\_\_\_ City: \_\_\_\_\_ BC Postal Code: \_\_\_\_\_  
(Please Print) (Please Print)

(W) ( ) \_\_\_\_\_ (F) ( ) \_\_\_\_\_ (H<sub>1</sub>) ( ) \_\_\_\_\_  
(Telephone #) (Telephone #) (Telephone #)

(H<sub>2</sub>) ( ) \_\_\_\_\_ (Cell) ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
(Telephone #)

Driver's License #: \_\_\_\_\_ BCSA ID# \_\_\_\_\_ (YOB) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year

(If your name has changed for any reason (i.e.. marriage) please indicate previous family name: \_\_\_\_\_)  
(Please print)

Number of years involved in soccer: \_\_\_\_\_ Position within Assoc.: \_\_\_\_\_  
Coach/Manager/Referee/Volunteer

Does your job require a criminal record Check (Y / N) If yes, when: \_\_\_\_\_  
(Month) (Day) (Year)

3. A list of relevant offenses is attached. If you can answer YES to any one or more of these relevant offenses, you are required to write, on a separate sheet of paper, the circumstances of the incident, with relevant dates, times and the results of the conviction, suspension or fine. When you hand in the **Volunteer Disclosure Statement**, please attach, if applicable, your written statement about the crime of violence and / or any crime against a person.

3.a Have you ever been convicted of a crime of violence and / or any crime against a person? YES / NO  
(Please circle one)

3.b Have you ever been convicted, suspended or fined for driving while under the influence of drugs and /or alcohol? YES / NO  
(Please circle one)

SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_\_\_

*The protection of our Volunteers and Players is the top priority*