



2016 Coach/Assistant Coach Application Process

The Coach Application forms now include Vulnerable Sector Volunteer Screening forms.

1. Please select the correct package :
Coaches package for Coaches and Assistant Coaches.
or
Managers package for Managers and Assistant Managers.
2. Read, understand, complete the forms and provide copies of the required acceptable forms of identification. **Originals will need to be verified by the club for new coaches.**
3. Return the complete package to the Caledon Soccer Club office at 2 McKee Drive S, Caledon East, lock box located at front door, or in person at a registration or the coaches kick off meeting.
4. The forms will be checked and returned to you by the local detachment of the Caledon OPP.
5. Once you receive the completed "Embossed" release form directly from the OPP, you must show it to an authorized member of the Caledon Soccer Club, **at the club snack bar effective June 6th, 2016, Monday to Thursday 6:30pm -8:00pm.**

Coaches Application Package consisting of :	This page	
	Coaches application pg 1	OPP vulnerable sector check pg1
	Confirmation of volunteer	OPP vulnerable sector check pg2
	PHSA coach application pg 1	Declaration of Criminal Record
	PHSA coach application pg 2	Affidavit of Identity (if necessary)

Managers Application Package consisting of :	This page	
	Managers application pg 1	OPP vulnerable sector check pg1
	Confirmation of volunteer	OPP vulnerable sector check pg2
	PHSA manager application pg 1	Declaration of Criminal Record
	PHSA manager application pg 2	Affidavit of Identity (if necessary)

Affidavit of Identity to be used only if valid forms of ID are not available.

Two pieces of identification must be provided to verify the identity of the applicant; one must be photo identification.

Acceptable forms of photo identification		Acceptable forms of non-photo identification	
Drivers Licence	CNIB Card	Birth Certificate	Baptismal Certificate
Ontario Photo ID Card	Military Employment Card	Hunting Licence	Outdoors Card
Indian Status Card	Canadian Citizenship Card	Canadian Blood Donor Card	Immigration Papers
Valid Passport	BYID (issued by the LCBO)	PLEASE NOTE WE DO NOT ACCEPT HEALTH OR S.I.N. CARDS	
Permanent Resident Card	NEXUS Card , FAST Pass		
PAL – Possession & Acquisition Licence			



Caledon Soccer Club

2016 Coaching Application Form

Preferred Team	
Age & Gender	
Competitive <input type="checkbox"/>	House <input type="checkbox"/>
Child Name:	

Applicant Name:	Email:
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Coaching/Other Relevant Certifications (include NCCP Passport # and/or attach copies):

Managing/Coaching/Playing Experience (include any you feel is relevant to the current position being applied for):

Year	Club	Position	Age Group	Gender	Level (rep/recreational)

References (minimum 2):

Name	Address	Phone

Additional Required Documentation Checklist:

<input type="checkbox"/> PHSA Coach Registration p. 1 & 2	Additional Documents That May Be Required:
<input type="checkbox"/> OPP Vulnerable Sector Check LE220E p. 1 & 2	<input type="checkbox"/> Affidavit of Identity (ONLY if valid ID not available)
<input type="checkbox"/> OPP Declaration of Criminal Record	<input type="checkbox"/> Resume and/or Coaching Philosophy and Objectives (paid positions)
<input type="checkbox"/> Two forms of ID (at least one photo ID)	<input type="checkbox"/> Copies of Certifications (if applicable)

Acceptable Forms of photo ID:

Drivers License
Ontario Photo ID card
Indian Status Card
Valid Passport
Permanent Resident Card
PAL (Possession & Acquisition License)

CNIB Card
Military Employment Card
Canadian Citizenship Card
BYID (Issued by the LCBO)
NEXUS Card, FAST Pass

Acceptable Forms of non-photo ID:

Birth Certificate
Baptismal Certificate
Hunting License, Outdoors Card
Canadian Blood Donor Card
Immigration Papers

NOTE: Health and S.I.N. Cards are NOT accepted.

Declaration:

I declare that the information provided herein is complete and accurate in all respects. I will consent to, and promptly apply for, a Vulnerable Sector Check, and agree that I will not be assigned a team until such time as I successfully complete the Vulnerable Sector Check and application process to the satisfaction of the Caledon Soccer Club. I also understand that this application applies for a single season term and must be renewed thereafter.

Signature:

Date:

Return by mail to: P.O. Box 119, Station Main
Caledon East, ON L7C 3L8

Or Drop Off at: 2 McKee Dr S
Caledon East

For Club Use Only:

Complete Package Received ☐
Vulnerable Sector Check Confirmed ☐
Accepted ☐

Initial & Date

PLEASE SUBMIT APPLICATION BY APRIL 15, 2016



Caledon Soccer Club

(a not-for-profit corporation)

Confirmation of Volunteer

This is to confirm that _____ ,
(applicant's full name)

is a volunteer with the Caledon Soccer Club. The attached forms and documents are for the volunteer position that he/she will be fulfilling. The position is NOT a paid position.

Caledon Soccer Club Representative Signature:

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

Revised January, 2016

Season – Indoor: 20 ____ / 20 ____ . Or Outdoor: 20 ____ .

Full Name:	<i>Last</i>			<i>First</i>			<i>M.I.</i>			
Address:	<i>Street Address</i>						<i>Apartment/Unit #</i>			
	<i>City</i>				<i>Province</i>				<i>Postal Code</i>	
Home Phone:	()				Business Phone:		()			
Cell #	()				E-mail Address:					

Birth Date Yr Mth Day OSA Registrant # Gender:

Position. Head Coach _____ Assistant Coach _____ **Note:** A Head Coach may only Register with two teams as Head Coach.

Club Name _____ Team Name: _____

League Name: _____ Division Name: _____

Indoor: ☐ Mini Indoor ☐ Youth Indoor ☐ Senior Indoor ☐ Pro Indoor ☐ Mini Futsal ☐ Youth Futsal ☐ Senior Futsal ☐ Pro Futsal

Outdoor: ☐ Mini Outdoor ☐ Youth Competitive ☐ Youth Recreational ☐ Senior Competitive ☐ Senior Recreational ☐ Pro Outdoor

I authorize the Canadian Soccer Association, Ontario Soccer Association, The Peel Halton Soccer Association and my Club to collect and use personal information about me for the purpose of receiving communications from the Canadian Soccer Association, Ontario Soccer Association, District Association, League and Club.

I understand that I may withdraw such consent related to receiving communications at any time by contacting the OSA Privacy Officer at OSAPrivacyOfficer@soccer.on.ca or by mail to: **Attention: OSA Privacy Officer, Ontario Soccer Association, 7601 Martin Grove Road, Vaughan ON L4L 9E4.** The Privacy Officer will advise the implications of such withdrawal.

We do not sell or distribute your personal information to any other third party not listed herein.

In consideration of the acceptance of my membership in the Ontario Soccer Association, District Association and Club, I, the participant agree as follows:

1. I understand that I cannot coach in any sanctioned soccer game until after this registration form has been validated and the registration data has been entered in The Ontario Soccer Association's computerized registration system.
 2. I have reviewed the waiver attached and my signature affixed hereto indicates my agreement with such waiver
 3. I am aware of The Ontario Soccer Association, Peel Halton Soccer Association, my Club and League bylaws, policies, rules and regulations and agree to abide by them and to be bound by them.
 4. I accept sole responsibility for my possessions and athletic equipment.
 5. I accept all liability for any damage to the coaching equipment caused by me or my careless, negligent and/or improper handling.
- By signing and dating below you agree that you are the coach being registered and to be bound by this Legal Agreement even if you have not read this agreement.

Signature of Coach or Assistant Coach.

Date. _____

For use by CLUB REGISTRAR

SIGNATURE _____

Date _____

For use by District Association

SIGNATURE _____

Date _____

Note: An organization must retain copy of the coach registration form and if requested must submit form to its District Association or the Ontario Soccer Association upon request

Rev Aug 31 2007. (Page 1 of 2)

ONTARIO SOCCER ASSOCIATION

WAIVER AND RELEASE OF LIABILITY (To be signed by coaches 18 yrs of age and older)

By signing this form you give up important legal rights. Please read carefully!

1. This is a binding legal agreement. As a Participant in the programs, activities and events of the Ontario Soccer Association, their Districts, Leagues and Clubs, the undersigned acknowledges and agrees to the following terms.
2. **Disclaimer.** The Ontario Soccer Association, their Districts, Leagues and Clubs, directors, officers, members, employees, coaches, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities, and representatives (the "Organization") are not responsible for any injury, damage or loss of any kind suffered by a Participant during, or as a result of, any program, activity or event, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.
3. **Description of Risks.** In consideration of my participation as a Participant in such programs, activities and events, I hereby acknowledge that I am aware of the risks and hazards associated with or related to soccer. The risks and hazards of soccer include, but are not limited to injuries from:
 - Executing strenuous and demanding physical techniques in soccer;
 - Dryland training including weights, running, and massage;
 - Grass, turf and other surfaces including bacterial infections and rashes;
 - Falls to the ground due to uneven or irregular terrain or surfaces;
 - Collisions with walls and soccer equipment;
 - Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
 - Spinal cord injuries which may render me permanently paralyzed;
 - Extreme weather conditions which may result in heatstroke, sunstroke or hypothermia;
 - Contact, colliding or being struck by other participants, spectators, equipment or vehicles;
 - Vigorous physical exertion and strenuous cardiovascular workouts;
 - Exerting and stretching various muscle groups; and
 - Travel to and from competitive events and associated non-competitive events which are an integral part of the organization's activities.
4. Furthermore, I am aware:
 - That injuries sustained in soccer can be severe;
 - That I may come into close contact with other participants, including the possibility of accidental and unexpected contact;
 - That I may experience anxiety while challenging myself during the activities;
 - That my risk of injury is reduced if I follow all rules adopted during training; and
 - That my risk of injury increases as I become fatigued.
5. **Release of Liability.** In consideration of the Organization allowing me to participate as a Participant, I agree:
 - a) To assume all risks arising out of, associated with or related to my participation;
 - b) To be solely responsible for any injury, loss or damage that I might sustain while participating; and
 - c) To release the Organization from liability for any and all claims, demands, actions and costs that might arise out of my participating, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence of the Organization.

Accident Insurance

Executing this agreement will not preclude you from accident insurance coverage, subject to the terms and conditions of The Ontario Soccer Association's insurance policy.

Acknowledgement - By signing and dating below you agree that you are the coach being registered and to be bound by this Legal Agreement even if you have not read this agreement.

Name of Participant

Signature of Participant

Date



Personal information contained on this form is collected pursuant to the *Police Services Act*, s.41 and Federal and Provincial privacy legislation and is collected for the purpose of processing this Police Vulnerable Sector Check. Information related to this check will be retained for two years. Questions concerning this collection should be directed to your local OPP detachment.

This check is to be used by applicants seeking a paid or volunteer position with vulnerable persons. "Vulnerable person" means a person who, because of their age, a disability or other circumstances, whether temporary or permanent, are (a) in a position of dependence on others; or (b) are otherwise at a greater risk than the general population of being harmed by a person in a position of authority or trust relative to them, pursuant to the *Criminal Records Act*.

This check will include the following information as it exists on the date of the search:

- RCMP National Repository of Criminal Records, including the Pardoned Sex Offender Database - Pardoned criminal convictions as per the Schedule of the *Criminal Records Act*, including non sex offences, identified as a result of a Vulnerable Sector Verification search and authorized for release by the Minister of Public Safety and Emergency Preparedness
- Canadian Police Information Centre (CPIC) (Intelligence and Investigative Databanks)
- Outstanding entries, such as charges and warrants, judicial orders, Family court restraining orders, Peace Bonds, Probation and Prohibition orders
- Absolute and Conditional Discharges (1-3 years) from local police databases
- Criminal charges resulting in dispositions and non-conviction including, but not limited to: Stayed, Withdrawn, Dismissed, Not Guilty, and cases of not criminally responsible by reason of mental disorder as listed on local police indices
- Police contacts including but not limited to theft, weapons, sex offences, or violent, harmful or threatening behaviour which may or may not have involved a mental health incident where no charges were laid

Applicant Information				
Last Name			First Name	
Middle Names			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Maiden Name or other Last Names used			Name commonly used or other First Names	
Address Unit No.	Street Number	Street Name		PO Box
City/Town		Province/State		Postal Code/ZIP Code
Date of Birth (yyyy/mm/dd)		Country of Birth	Telephone	Email Address

Addresses for the Last Five (5) Years (if different from above)				
Unit No.	Street Number	Street Name	PO Box	From (mm/yy)
City/Town		Province/State	Postal Code/ZIP Code	To (mm/yy)
Unit No.	Street Number	Street Name	PO Box	From (mm/yy)
City/Town		Province/State	Postal Code/ZIP Code	To (mm/yy)
Unit No.	Street Number	Street Name	PO Box	From (mm/yy)
City/Town		Province/State	Postal Code/ZIP Code	To (mm/yy)
Unit No.	Street Number	Street Name	PO Box	From (mm/yy)
City/Town		Province/State	Postal Code/ZIP Code	To (mm/yy)
Unit No.	Street Number	Street Name	PO Box	From (mm/yy)
City/Town		Province/State	Postal Code/ZIP Code	To (mm/yy)

Purpose of the Record Check	
I am an applicant for a <input type="checkbox"/> paid OR <input type="checkbox"/> volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable persons.	<input type="checkbox"/> Agency/organization stamp affixed or letter attached
Title of employment/volunteer position	

Description and details regarding the responsibilities towards children or vulnerable person(s)

Identification		
<input type="checkbox"/> Identity of applicant has been verified	Name of organization/agency	
Telephone	Signature	Date (yyyy/mm/dd)

Release and Discharge

Altering or tampering with this form, including any information on or attached to it that has been provided by a member of a law enforcement agency, is a Criminal Code offence. I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable persons.

I hereby consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a pardon for, any of the sexual offences listed in Schedule 2 of the *Criminal Records Act*.

I understand, as a result of giving this consent, if my date of birth and gender is a possible match to a person in a criminal record for one of the sexual offences listed Schedule 2 of the *Criminal Records Act* in respect of which a pardon was granted or issued, I will be requested to provide fingerprints to confirm that record and that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

I hereby certify that the information provided above is true and correct to the best of my knowledge and belief. I hereby authorize the OPP to conduct such searches as are deemed necessary and as I have authorized herein and to conduct a local police contact search with any Police Service in Canada, to obtain the information required to complete this check and disclose such information to me or, if I have so requested, to the third party described above.

I hereby release and forever discharge Her Majesty the Queen in Right of Ontario, the Commissioner of the OPP and all members, agents, and employees of the OPP from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the collection and/or disclosure or information by the OPP. Furthermore, I waive all rights, present and future, relating to the disclosure of the information set out herein, and I understand that upon disclosure of such information, the OPP and all the aforesaid waive any responsibility for the use, application and/or dissemination of same by me.

This release and discharge shall apply to and be binding on my heirs, administrators, executors and assigns.

☐ Form LE229 - Declaration of Criminal Record attached

Signature of Applicant

Date (yyyy/mm/dd)

Police Use Only

☐ Checked for completeness by

Member ID

Location Code

Receipt Number

Fee Received

☐ \$ _____

Results for Name-Based Criminal Record Verification

☐ **NEGATIVE**

Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant, a search of the RCMP National Repository of Criminal Records, including pardoned sex offender records, **did NOT identify any records** with the name(s) and date of birth of the applicant. **Positive identification that a criminal record does or does not exist at the RCMP National Repository of Criminal Records can only be confirmed by FINGERPRINT comparison.** Delays do exist between a conviction being rendered in court, and the details being accessible on the RCMP National Repository of Criminal Records. Not all offences are reported to the RCMP National Repository of Criminal Records.

☐ **INCOMPLETE**

Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant, a search of the RCMP National Repository of Criminal Records, including pardoned sex offender records, could NOT be completed. **Positive identification that a criminal record does or does not exist requires the applicant to SUBMIT FINGERPRINTS to the RCMP National Repository of Criminal Records by an authorized police service or accredited private fingerprinting company.** Delays do exist between a conviction being rendered in court, and the details being accessible on the RCMP National Repository of Criminal Records. Not all offences are reported to the RCMP National Repository of Criminal Records.

☐ Confirmation of a criminal record

(See attached page(s) for details)

Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant, a search of the RCMP National Repository of Criminal Records, including pardoned sex offender records, has resulted in a POSSIBLE match to a registered criminal record, but not to a pardoned sex offender record. **Positive identification that a criminal record does or does not exist at the RCMP National Repository of Criminal Records can only be confirmed by FINGERPRINT comparison. As such, the criminal record information declared by the applicant does NOT constitute a Certified Criminal Record by the RCMP.** Delays do exist between a conviction being rendered in court, and the details being accessible on the RCMP National Repository of Criminal Records. Not all offences are reported to the RCMP National Repository of Criminal Records.

Results of Fingerprint Comparison Search with the National Repository of Criminal Records

☐ **NEGATIVE** – See Attached (_____ pages attached)

☐ **POSITIVE** – See Attached (_____ pages attached)

☐ **NOT APPLICABLE**

Results of Investigative Databank and Local Indices Results

☐ **NEGATIVE** – No information was revealed that can be disclosed in accordance with federal laws and RCMP policies

☐ **POSSIBLE** – There may be records held by a local police service that are relevant to screening the applicant. The applicant should contact the police service to determine if the record(s) are relevant to the screening process. Police service _____

☐ **POSITIVE** – See attached results letter

Results of Police Vulnerable Sector Screening Only

☐ A search of pardoned sex offenders was conducted. No information to release. (_____ pages attached)

☐ A search of pardoned sex offenders was conducted. Information authorized for release. (_____ pages attached)

☐ A search of pardoned sex offenders was not conducted.

Ontario Provincial Police Seal
(Valid only with OPP seal affixed)

Date of Search (yyyy/mm/dd)

Member ID and Signature

Total number of pages
attached to this form

Note

A reconsideration policy exists for non-conviction information only, please discuss with your local OPP detachment or www.opp.ca for further information.



Ontario
Provincial
Police

Declaration of Criminal Record

Personal information contained on this form is collected pursuant to the *Police Services Act*, s.41 and federal and provincial privacy legislation and is collected for the purpose of processing this police record check. Information related to this check shall be retained for two years. Questions concerning this collection should be directed to your local OPP detachment.

This form must be complete in order to receive a copy of the Adult Criminal Convictions & Associated Information from the National Repository of Criminal Records.

A Certified Criminal Record can only be issued by the Canadian Criminal Real Time Identification Services based on the submission of fingerprints to the Royal Canadian Mounted Police National Repository of Criminal Records.

This form must be used in conjunction with form LE219 – Criminal Record Check/Police Record Check or LE220 – Vulnerable Sector Check.

Declaration of Criminal Record

- Does not constitute a Certified Criminal Record by the Royal Canadian Mounted Police
- May not contain all criminal record convictions

Do not declare

- Absolute Discharges or Conditional Discharges, pursuant to the Criminal Code, section 730
- Any charges for which you have received a Pardon, pursuant to the *Criminal Records Act*
- Any offences while you were a "Young Person" (twelve years old but less than eighteen years old), pursuant to the *Youth Criminal Justice Act*
- Any charges for which you were not convicted, for example, charges that were withdrawn, dismissed, etc...
- Any Provincial or Municipal offences
- Any charges dealt with outside of Canada

Applicant information

Last Name, First Name, and Middle Names				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Maiden Name or other Last Names used			Name commonly used or other First Names		
Street Number and Name or Lot, Conc. And Township		Apt. No.	City, Town or Village	Province/State	Postal/ZIP Code
Date of Birth (YYYY/MM/DD)	Country of Birth	Telephone	E-mail address		

Details on all convictions (if more space is needed, please attach additional pages as required)

Offence		Disposition/Sentence
Date	Location of Court (city/town)	
Offence		Disposition/Sentence
Date	Location of Court (city/town)	
Offence		Disposition/Sentence
Date	Location of Court (city/town)	
Offence		Disposition/Sentence
Date	Location of Court (city/town)	

I hereby certify that the information that I have provided above is, to the best of my knowledge, true, accurate and complete.

Signature of Applicant	Date (yyyy/mm/dd)	Total number of pages of
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AFFIDAVIT OF IDENTITY

Required under the following circumstances:

- the applicant does not have two (2) pieces of identification one which must have a photograph of the applicant on it;
- to verify that the applicant is otherwise known in the community and to satisfy the requirements of the Ontario Freedom of Information and Protection of Privacy Act.

City of _____

County of _____

Province of _____ (Name of Applicant) _____

Country of _____

I, _____,
(Applicant name)

swear that I am the person named and that the following are the particulars of my identity:

a) Date of Birth _____ / _____ / _____

b) Maiden or other names used (if different than above):

1. _____

2. _____

3. _____

c) Address _____
(number, street. apt. #, lot, concession, township, rural route 4)

d) City _____ Province _____ Country _____

e) Residence Phone _____ Work Phone _____

f) Occupation _____

Sworn to and subscribed before me

This _____ day of _____, 20____

Notary Public or Canadian Consulate Official or Judge

Seal of Office