

XC Chelsea Masters (XCCM) Screening Policy Appendices

Policy

November 1, 2023

Appendix B – Application Form

Note: Participants who are applying to volunteer or work within certain positions with XC Chelsea Masters must complete this Application Form. Participants need to complete an Application Form once for the position sought. If the individual is applying for a new position within XC Chelsea Masters, a new Application Form must be submitted.

NAME:

First Middle Last

CURRENT PERMANENT ADDRESS:

Street City Province Postal

DATE OF BIRTH: _____ **GENDER IDENTITY:** _____
Month/Day/Year

EMAIL: _____ **PHONE:** _____

POSITION SOUGHT: _____

By signing this document below, I agree to adhere to the UCCMS and the policies and procedures of XC Chelsea Masters including but not limited to the *Code of Conduct and Ethics*, *Conflict of Interest Policy*, and *Screening Policy*. Policies are located at the following link:
<https://xcchelseamasters.com/xccm-policies/>

I recognize that I must pass certain screening requirements depending on the position sought, as outlined in the *Screening Policy*, and that the Screening Committee will determine my eligibility to volunteer or work in the position.

NAME (print): _____ **DATE:** _____

SIGNATURE: _____

Appendix C – Screening Disclosure Form

NAME:

First
Middle
Last

OTHER NAMES YOU HAVE USED: _____

CURRENT PERMANENT ADDRESS:

Street
City
Province
Postal

DATE OF BIRTH: _____ **GENDER IDENTITY:** _____

Month/Day/Year

CLUB (if applicable): _____ **EMAIL:** _____

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

- 1. Have you been convicted of a crime? If so, please complete the following information for each conviction. Attach additional pages as necessary. (IMPORTANT: this section is not to be completed by anyone under the age of 18)**

Name or Type of Offense: _____

Name and Jurisdiction of Court/Tribunal: _____

Year Convicted: _____

Penalty or Punishment Imposed: _____

Further Explanation: _____

- 2. 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. 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: _____

- 3. 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. 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 XC Chelsea Masters 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 (when permitted by law) for the purposes of screening, implementation of the *Screening Policy*, administering membership services, and communicating with National Sport Organizations, Provincial/Territorial Sport Organizations, Clubs, and other organizations involved in the governance of sport. XC Chelsea Masters does not distribute personal information for commercial purposes.

CERTIFICATION

I hereby certify that the information contained in this Screening Disclosure Form is accurate, correct, truthful and complete.

I further certify that I will immediately inform XC Chelsea Masters of any changes in circumstances that would alter my original responses to this Screening Disclosure Form. Failure to do so may result in the withdrawal of volunteer responsibilities or other privileges and/or disciplinary action.

NAME (print): _____

DATE: _____

SIGNATURE: _____

Appendix D – Screening Renewal Form**NAME:**_____
First_____
Middle_____
Last**CURRENT PERMANENT ADDRESS:**_____
Street_____
City_____
Province_____
Postal**DATE OF BIRTH:** _____
Month/Day/Year**GENDER IDENTITY:** _____**EMAIL:** _____**PHONE:** _____

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 XC Chelsea Masters. 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 XC Chelsea Masters. 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 volunteer responsibilities or other privileges at the discretion of the Screening Committee.

NAME (print): _____**DATE:** _____**SIGNATURE:** _____

Appendix E – Volunteer Orientation and Training Acknowledgement Form

1. I have the following role(s) with XC Chelsea Masters (circle as many as apply):

Parent / Guardian

Coach

Director / Volunteer

Athlete

Official

Committee Member

2. As an individual affiliated with XC Chelsea Masters, I acknowledge I have received completed the following orientation and training:

Name of Training or Orientation:

Instructor: _____ Date Completed: _____

Name of Training or Orientation: _____

Instructor: _____ Date Completed: _____

Name of Training or Orientation: _____

Instructor: _____ Date Completed: _____

Name

Signature

Date

Appendix F – Request For Vulnerable Sector Check

Note: XC Chelsea Masters must modify this letter to adhere to any requirements from the VSC provider

INTRODUCTION

XC Chelsea Masters is requesting a Vulnerable Sector Check for _____ [insert individual's full name] who identifies as a _____ [insert gender identity] and who was born on _____ [insert birthdate].

DESCRIPTION OF ORGANIZATION

[Insert description]

DESCRIPTION OF ROLE

_____ [insert individual's name] will be acting as a _____ [insert individual's role]. In this role, the individual will have access to vulnerable individuals.

[Insert additional information re: type and number of vulnerable individuals, frequency of access, etc.]

CONTACT INFORMATION

If more information is required from XC Chelsea Masters, please contact the Screening Committee Chair:

[Insert information for Screening Committee Chair]

Signed: _____ Date: _____