



**strathroy-caradoc minor soccer association
p.o. box 147, strathroy, ontario n7g 3j1**

April 2010

Dear Student,

The Strathroy-Caradoc Minor Soccer Association (SMSA) runs on “volunteer power”. SMSA volunteers are mostly parents of current players, but also siblings, grandparents, parents of former players, even active players themselves, and of course, students like yourself. SMSA volunteers give each child the precious gift of their time.

The SMSA’s volunteer foundation ensures that it’s all about what’s good for the kids. It also makes SMSA very affordable. SMSA operates in a business manner, but volunteers ensure the “profits” are happy, healthy kids playing a sport they enjoy for life.

Coaching may be the most visible volunteer role, but there are many ways to help a team or a soccer association. There is a SMSA volunteer opportunity for everyone. Volunteering should be a fun experience for you. It’s a chance to learn something new, or an opportunity to use the skills you already have. Start out by finding a position or task that interests you. Then complete the attached Volunteer Application, as well the the Volunteer Consent to Disclosure Form and include all documents required by the school, which will be signed by an authorized SMSA representative upon completion of your volunteer hours.

The SMSA has governed, fostered and promoted the game of soccer to Strathroy and area children since 1961. Looking back over the course of these years, the SMSA realizes that the lifeblood of our organization has been, and remains, the dedication of the many volunteers, the parents, and especially the tremendous support received from the businesses and industries, whom without, we could not exist.

The SMSA is a Family Affair. On behalf of the entire Board of Directors of the SMSA ...
WELCOME TO THE FAMILY.

Yours in soccer,

Duarte Viveiros

Duarte Viveiros, President
Strathroy-Caradoc Minor Soccer Association

Strathroy-Caradoc Minor Soccer Association

YOUTH VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Street Address: _____ Apt/Unit #: _____

City: _____ Province: _____ Postal Code: _____

Home No.: _____ Cell No.: _____ Email: _____

SCHOOL INFORMATION

School Name: _____

Current Grade: _____ Birthdate (if under 18 years old): _____

I am applying for volunteer work at the Strathroy-Caradoc Minor Soccer Association to:

- Complete my OSSD requirement for 40 hours of community service
- Complete a particular course requirement. Details: _____
- Other: _____ Details: _____

I require the following from the Strathroy-Caradoc Minor Soccer Association to verify that I have successfully completed my volunteer placement:
_____. (Please attach a blank copy of the report or form to this application.)

I am available to start: _____ I must finish my volunteer assignment by: _____

EXPERIENCE AND INTEREST

Volunteer and/or Work Experience

Organization	Length of Time as Volunteer or Employee	Position(s) Held
_____	_____	_____
_____	_____	_____

Describe why you are interested in working as a volunteer at the Strathroy-Caradoc Minor Soccer Association.

Is there any additional information you feel would be helpful?

Do you have any experience in sports and/or working with children? Describe.

The second page of this application must be completed for application to be considered.

Strathroy-Caradoc Minor Soccer Association

YOUTH VOLUNTEER APPLICATION FORM

1. POSITION PREFERENCE

I am interested in the following position(s):

- | | | |
|--------------------------------|--|--|
| COACHING (40 Hours) | <input type="checkbox"/> Mini Soccer Program | <input type="checkbox"/> Recreational Soccer Program |
| REFEREEING (40 Hours) | <input type="checkbox"/> Mini Soccer Program | <input type="checkbox"/> Recreational Soccer Program |
| TOURNAMENTS (8 Hours) | <input type="checkbox"/> Larry MacDonald Chevrolet Mini Soccer Festival - June 19, 2010 | |
| | <input type="checkbox"/> RICCO Foods Year-End Mini Soccer Tournament with BBQ Lunch - August 7, 2010 | |
| REGISTRATION (20 hours) | <input type="checkbox"/> January 28 and 29, 2011 | |
| | <input type="checkbox"/> February 4 and 5, 2011 | |

PLEASE NOTE: In order to be considered for the Youth Volunteer Program, the following sections **MUST** be completed by yourself, your parent or guardian, and a teacher or guidance counsellor.

2. PROOF OF AGE

A photocopy of VOLUNTEER'S BIRTH CERTIFICATE or passport is attached? Yes / No

3. APPLICANT CONSENT AND SIGNATURE

Yes

I have read the volunteer information on the Strathroy-Caradoc Minor Soccer Association's website at www.strathroysoccer.com and understand the requirements of the position for which I am applying. By signing below, I authorize the Strathroy-Caradoc Minor Soccer Association to collect personal information appropriate to the position for which I have applied concerning my academic background, employment and volunteer history, and verify the reference that I have supplied. I understand that the information obtained will be confidential but may be shared with relevant SMSA departments. I acknowledge and understand that if I am successful in obtaining a volunteer placement, the placement is conditional upon receipt of an original Criminal Record Search (Volunteer Consent To Disclosure) that is acceptable to the Club. I understand that there are **NO COSTS** associated with this process.

Last Name: _____ First Name: _____

Signature of Applicant: _____ Date: _____

4. PARENT/GUARDIAN CONSENT AND SIGNATURE

Yes

Name of Parent of Guardian (For Volunteers under the age of 18):

Name (please print) _____ Telephone: _____

I would be in support of this volunteer activity and give my permission for my child _____ to apply to participate as a Volunteer with the Strathroy-Caradoc Minor Soccer Association. By signing below, I authorize the Strathroy-Caradoc Minor Soccer Association to collect personal information about my child and myself appropriate to the position for which my child has applied concerning academic background, employment and volunteer history, and verify the reference supplied below. I understand that the information obtained will be confidential but may be shared with relevant SMSA departments.

Signature of Parent or Guardian: _____ Date: _____

5. SCHOOL CONSENT AND SIGNATURE

Name of Teacher or Guidance Counsellor to whom this student would report this volunteer activity:

Name (please print) _____ Telephone: _____

I recommend this student for this volunteer activity. By signing below, I authorize the Strathroy-Caradoc Minor Soccer Association to collect personal information including my telephone number. I also authorize the Strathroy-Caradoc Minor Soccer Association to contact me for the purposes of completing a reference check on the volunteer applicant. I understand that the information obtained on this form and during the reference check will be confidential but may be shared with relevant SMSA departments.

Signature of Teacher or Counsellor: _____ Date: _____

STRATHROY SOCCER COACHING APPLICATION

FOR OFFICE USE ONLY

1. APPLICANT INFORMATION

Name _____ Date of Birth _____
 Address _____ Residence No. _____
 City/Town _____ Postal Code _____ Business No. _____
 E-Mail Address _____ Fax No. _____

2. COACHING POSITION PREFERRED

PROGRAMS: Mini Soccer - Recreational - Intermediate - Premier

ORDER OF CHOICES	AGE GROUP & GENDER	CHILD INVOLVED?	IF YES, NAME	CHILD'S BIRTH YEAR
FIRST CHOICE				
SECOND CHOICE				

3. COACHING QUALIFICATIONS

A photocopy of my Coaching Levels have been attached?

Ontario Soccer Association Community Coach Level completed: _____
 Other (please specify) _____ OSA Number _____

4. COACHING EXPERIENCE

This is my FIRST EXPERIENCE coaching youth soccer!

If you have coached within the past three years, please indicate (i) The Club; (ii) Age Division and Gender; and (iii) League

2009 CLUB: _____ AGE DIVISION/GENDER: _____ LEAGUE: _____
 2008 CLUB: _____ AGE DIVISION/GENDER: _____ LEAGUE: _____
 2007 CLUB: _____ AGE DIVISION/GENDER: _____ LEAGUE: _____

5. PERSONAL REFERENCES

Name _____ Residence Phone _____
 Address _____ City/Town _____ Postal Code _____
 Name _____ Residence Phone _____
 Address _____ City/Town _____ Postal Code _____

6. AGREEMENT

A completed Consent to Disclosure Form has been attached?

I have agreed to the role and position, as outlined above, and have accurately completed this application.

Applicant's Signature _____ Date _____

ontario provincial police

VOLUNTEER SCREENING PROCESS

CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

NOTE: This form is to be used to assist the agency to determine the suitability of successful candidates for either full or part-time employment and/or volunteer duties having direct contact with children or vulnerable persons.

APPLICANT INFORMATION

SURNAME				GIVEN NAMES			
MAIDEN NAME OR OTHER NAMES USED (IF APPLICABLE)				PLACE OF BIRTH			
YY	DATE OF BIRTH MM	DD	SEX	RESIDENTIAL PHONE NUMBER		DRIVERS LICENCE NUMBER	
ADDRESS				CITY/TOWN			POSTAL CODE

PREVIOUS ADDRESSES FOR THE LAST FIVE YEARS

NUMBER	STREET	CITY/TOWN	POSTAL CODE	YEARS AT RESIDENCE

PLEASE READ CAREFULLY: I hereby consent to full disclosure, by the Ontario Provincial Police (OPP) to the person(s) listed below, of all police record information. This consent includes the release of records of criminal convictions for which a pardon has not been granted, records of discharges which have not been removed from the CIPC system in accordance with the *CRIMINAL RECORDS ACT*, or any convictions registered, charges pending or any other judicial order issued under an Act of Parliament or an Act of the Legislature. This consent also includes and authorizes the release of information available from the files of the OPP or any other police agency, including occurrence information, which the OPP deems necessary to fulfil the requirements of the volunteer/applicant screening process. This consent is given pursuant to section 42 (b) of the *FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT*.

NAME BRAD MEAD	TITLE CLUB HEAD COACH
NAME OF ORGANIZATION STRATHROY- CARADOC MINOR SOCCER ASSOCIATION	

