

## Appendix A – TNL Screening Requirements Matrix

Risk Level	Roles (Note Young People Exception Below)	Training Recommended/Required	Screening
Level 1 Low Risk	a) Parents, youth or volunteers acting in non-regular or informal basis	Recommended: <ul style="list-style-type: none"> <li>Respect in Sport for Activity Leaders</li> </ul>	<ul style="list-style-type: none"> <li>Complete an Application Form (<b>Appendix B</b>)</li> <li>Complete a Screening Disclosure Form (<b>Appendix C</b>)</li> <li>Participate in training, orientation, and monitoring as determined by the organization</li> </ul>
Level 2 Medium Risk	a) Athlete support personnel b) Non-coach employees or managers c) Directors d) Coaches who are typically under supervision of another coach e) Officials	Recommended based on role: <ul style="list-style-type: none"> <li>Respect in Sport for Activity Leaders</li> <li>Commit to Kids</li> </ul> Required: <ul style="list-style-type: none"> <li>Respect in Sport Activity Leaders (National Officials)</li> <li>National Coaching Certification Program (NCCP) Making Ethical Decisions (MED) Certified (Coaches)</li> </ul>	<ul style="list-style-type: none"> <li>Level 1 Requirements</li> <li>Provide an E-PIC</li> <li>Provide one letter of reference related to the position</li> <li>Provide a driver's abstract, if requested</li> </ul>
Level 3 High Risk	a) Full-time coaches b) Coaches who travel with Athletes c) Coaches who could be alone with Athletes	Recommended based on role: <ul style="list-style-type: none"> <li>Respect in Sport for Activity Leaders</li> <li>Commit to Kids</li> </ul> Required: <ul style="list-style-type: none"> <li>NCCP MED Certified (Coaches)</li> </ul>	<ul style="list-style-type: none"> <li>Level 2 Requirements</li> <li>Provide a VSC</li> <li>Provide a second letter of reference from a sport organization</li> </ul>

### Young People

TNL and its Members define a young person as someone who is younger than 18 years old. When screening young people, the Organization and its Members will:

- Not require the young person to obtain a VSC or E-PIC; and
- In lieu of obtaining a VSC or E-PIC, require the young person to submit up to two (2) letters of reference.

## Appendix B – Application Form

*Note: Individuals who are applying to volunteer or work within certain positions with TNL or a Member Club must complete this Application Form. Individuals need to complete an Application Form once for the position sought. If the individual is applying for a new position within TNL or within a Member Club, 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 policies and procedures of TNL and/or the Member (as applicable), including, but not limited to, the *Code of Conduct and Ethics*, *Conflict of Interest Policy*, *Privacy Policy*, and *Screening Policy*. Policies are located at the following link: [newfoundland.tenniscanada.ca](http://newfoundland.tenniscanada.ca)

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 – TNL 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 may result in the loss of volunteer responsibilities or other privileges and/or disciplinary action.*

**1. Have you been convicted of a crime? If so, please complete the following information for each conviction. Attach additional pages as necessary.**

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 the TNL and/or the Member Club 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. TNL and its Member Clubs do 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 TNL or the Member Club (as applicable) 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 – TNL Screening Renewal Form

**NAME:** \_\_\_\_\_  
First Middle Last

**CURRENT PERMANENT ADDRESS:**

\_\_\_\_\_  
Street City Province Postal

**DATE OF BIRTH:** \_\_\_\_\_ **GENDER IDENTITY:** \_\_\_\_\_  
Month/Day/Year

**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 to TNL or to a Member Club. 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 Enhanced Police Information Check and/or Vulnerable Sector Check and/or Screening Disclosure Form that I would obtain or submit on the date indicated below would be no different than the last Enhanced Police Information Check and/or Vulnerable Sector Check and/or Screening Disclosure Form that I submitted to TNL or a Member Club. 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 Enhanced Police Information Check and/or Vulnerable Sector Check and/or Screening Disclosure Form to the Screening Committee instead of this form.

**I recognize that if there have been changes to the results available from the Enhanced Police Information Check and/or Vulnerable Sector Check and/or Screening Disclosure Form, and that 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 – TNL Request For Vulnerable Sector Check

## INTRODUCTION

Tennis Newfoundland and Labrador is requesting a Vulnerable Sector Check for \_\_\_\_\_ who identifies as a \_\_\_\_\_ and who was born on \_\_\_\_\_.

## DESCRIPTION OF ORGANIZATION

Tennis Newfoundland and Labrador is a not-for-profit provincial organization for the sport of Tennis located in Newfoundland and Labrador

## DESCRIPTION OF ROLE

\_\_\_\_\_ will be acting as a \_\_\_\_\_. In this role, the individual will have access to vulnerable individuals. Their conduct may include: coaching, chaperoning, driving and/or direct personal support.

Details:

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## CONTACT INFORMATION

If more information is required from Tennis Newfoundland and Labrador, please contact the Screening Committee Chair:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

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