

For Coaches

CYO Policy on Eligibility

According to the CYO Girls and Boys Athletic Policies, Article X: **“Only those individuals rooted in faith, willing to support Gospel values and Catholic teachings, and willing to inspire students through their word and example to accept and live these values and teachings may be selected or retained as coaches in Diocese of Harrisburg CYO.** In addition all coaches must be at least 21 years of age. Once coaches are selected, they are expected to maintain the quality of their faith commitment and their willingness to uphold the teachings of the Catholic Church. Coaches who espouse, by word or action, practices which are contrary to the teachings of the Catholic faith will be dismissed. Catholic coaches, particularly, are expected to fulfill their Sunday liturgical obligations and to otherwise participate in the life of the Catholic faith community. Coaches who are not of the Catholic faith community should demonstrate a similar involvement in their own Church. Coaches who after they have been selected, fail to meet these requirements and obligations, can at the discretion of the parish pastor or consolidated school principal, be dismissed from coaching or participating in the Diocesan CYO program.”

Orientation Clinic

All coaches must attend the new coach’s orientation clinic by their second year of their tenure.

Mandatory Videotape

Beginning in 2005, **all coaches affiliated with Catholic parishes are required to annually view a 31-minute videotape on Sexual Abuse** produced by the Diocese of Harrisburg. No volunteer may have contact with children without having fulfilled this obligation. After you view the video, be sure to submit a Verification form.

Clearances

All coaches must have the following on file with the Diocese of Harrisburg:

- **Disclosure Statement** (allowing for a Criminal History check)
- **PA Child Abuse Clearance**

These clearances will be paid for by the SJAA.

If you believe you have already received clearance through the Diocese, you will need to submit your name to our SJAA Coach Compliance Monitor, Mary Slonac.

Instructions for Diocesan Disclosure Statement

Type or print clearly in ink.
Fill in both the front and back

Instructions for PA Child Abuse History Clearance

If printing from computer, print the second page on the back of the first page!

Type or print clearly and neatly in ink Section I only.
Use your FULL NAME (middle name, no initials)
Address must be your CURRENT HOME ADDRESS.
Submit names of ALL ROOMMATES and ALL ADDRESSES since 1975. It may seem unreasonable to have

to list every roommate, sibling and parent, but please do so to the best of your ability. If necessary, attach additional pages. We have an Excel spreadsheet available to use for this purpose. Request a copy via email.
Application must be signed.

Steps in the Process

Make a copy for your records.

Mail forms to Mary Ann Slonac, 2122 Canterbury Dr., Mechanicsburg PA 17055. Please note: NO PAYMENT is necessary. SJAA will pay for clearances.

When your Child Abuse Clearance certificate arrives at your home, copy it for your records and mail the original to Mary Ann Slonac.

Expectations of Coaches

Safety

To ensure safety of players and coaches must:

- have a first aid kit at all practices or games.
- have emergency contact forms at all practices or games.
- ensure at least 2 adults attend each practice or game.

Facilities

Coaches must read and adhere to Facilities Use Policy.

In particular, check condition of gyms when entering and when exiting the facilities. Note any preexisting damages or any damage that occurs during your practice or game to the Scheduling Coordinator ASAP. Tolerate no horseplay.

No Play Days

Adhere to No Play dates. Failure to do so may result in dismissal.

Canceling Practices

In the event that a coach chooses to cancel practice other than for reasons of weather, the coach must notify the SJAA Scheduling Coordinator at least 5 days prior to the scheduled practice. Failure to do so may result in the coach having to pay the \$25-\$30 per hour facility rental for space we did not use.

If school is dismissed early, no practice can be held.

Priority

St. Joseph’s team is the team of priority for coaches. Failure to adhere to this guideline may result in team/SJAA sanction.

Uniforms

Assign a number to each player and list player name on the equipment assignment sheet (included with uniforms). Copy assignment sheet to uniform coordinator.

Return all uniforms and equipment on time to the Equipment Coordinator.

Prayer

Encourage and model pre-game or post game prayer.

Scores

Call in game scores to appropriate person.

Diocese of Harrisburg
Youth Protection Program



-069- St. Joseph
EMPLOYEE/VOLUNTEER INFORMATION & DISCLOSURE STATEMENT

(Please complete both sides – see note on page 2)

As an applicant for employment or as a volunteer within the Diocese of Harrisburg, I am aware that criminal record checks and clearances will be requested in my name by my employing parish, school, or Secretariat. By signing below, I give my consent for the Diocese of Harrisburg to perform these clearances and record-checks, which will include record requests from the Pennsylvania ChildLine, the Pennsylvania State Police, and the Federal Bureau of Investigation (where applicable).

I am aware that any prior act of child abuse will disqualify me from employment or volunteer status. I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse as defined by the Pennsylvania Child Protective Services Law within the preceding five years.

I am aware that past conviction of certain crimes and offenses also disqualifies me from employment or volunteer status. I swear/affirm that I have not been convicted of one or more of the following crimes under Title 18 of the Pennsylvania Consolidated Statutes or equivalent crime in another state:

- ♦ Chapter 25 (relating to criminal homicide)
- ♦ Section 2702 (relating to aggravated assault)
- ♦ Section 2709.1 (relating to stalking)
- ♦ Section 2901 (relating to kidnapping)
- ♦ Section 2902 (relating to unlawful restraint)
- ♦ Section 3121 (relating to rape)
- ♦ Section 3122.1 (relating to statutory sexual assault)
- ♦ Section 3123 (relating to involuntary deviate sexual intercourse)
- ♦ Section 3124.1 (relating to sexual assault)
- ♦ Section 3125 (relating to aggravated indecent assault)
- ♦ Section 3126 (relating to indecent assault)
- ♦ Section 3127 (relating to indecent exposure)
- ♦ Section 4302 (relating to incest)
- ♦ Section 4303 (relating to concealing death of child)
- ♦ Section 4304 (relating to endangering welfare of children)
- ♦ Section 4305 (relating to dealing in infant children)
- ♦ A felony offense under section 5902(b) relating to prostitution and related offenses)
- ♦ Section 5903(c) or (d) (relating to obscene and other sexual materials and performances)
- ♦ Section 6301 (relating to corruption of minors)
- ♦ Section 6312 (relating to sexual abuse of children)
- ♦ A felony offense under the Act of April 14, 1972 (P.L. 233. No. 64) known as the Controlled Substance Drug Device and Cosmetic Act (within the preceding five years).

I swear/affirm that I have not been involved in the attempt, solicitation or conspiracy to commit any of the offenses set forth above.

I understand that I will be dismissed if I have been named as a perpetrator of a founded report of child abuse within the past five years or have been convicted of any of the crimes listed above.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903(b) of the Crimes Code.

Date: _____ Name: _____

Witness: _____ Signature: _____

NOTE: THIS INFORMATION IS NOT TO BE COMPLETED AS PART OF THE EMPLOYMENT APPLICATION PROCESS. IT IS NOT TO BE COMPLETED PRIOR TO AN OFFER OF EMPLOYMENT. EMPLOYMENT IS NOT GUARANTEED, AND NEITHER EMPLOYMENT NOR VOLUNTEER SERVICE MAY BEGIN, UNTIL COMPLETION OF THE CRIMINAL RECORD REQUESTS AND REVIEW OF THE RESULTS. PLEASE SIGN THIS FORM IN THE PRESENCE OF A WITNESS.

Last Name: _____

First Name: _____ Middle Name: _____

Maiden Name (if applicable): _____

Any previous names or aliases: _____

Social Security Number: _____ - _____ - _____

Gender: M / F Race (optional): _____

Date of Birth (MM/DD/YYYY): ____ / ____ / ____

Current Street Address (Home) _____

City: _____

State: _____ ZIP: _____ Home Phone: _____

How long have you lived at this address? _____

(If less than 2 years, previous address:) _____

YOUR NOTES OR COMMENTS:

*SJAA

Parish:

FOR OFFICE USE:

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION I ONLY. PRINT CLEARLY IN INK. ENCLOSE \$10.00 MONEY ORDER ONLY. PAYABLE TO DEPARTMENT OF PUBLIC WELFARE. DO NOT SEND CASH OR PERSONAL CHECK.

SEND TO CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170

APPLICATIONS THAT ARE INCOMPLETE ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211

CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE

SECTION I APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANTS FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME STREET CITY, STATE ZIP CODE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;">SOCIAL SECURITY NUMBER</td> </tr> <tr> <td style="width: 33%;">AGE</td> <td style="width: 33%;">DATE OF BIRTH</td> <td style="width: 33%;">DAYTIME PHONE NO.</td> </tr> <tr> <td colspan="2">SEX <input type="checkbox"/> M <input type="checkbox"/> F </td> <td>COUNTY YOU LIVE IN</td> </tr> </table>	SOCIAL SECURITY NUMBER			AGE	DATE OF BIRTH	DAYTIME PHONE NO.	SEX <input type="checkbox"/> M <input type="checkbox"/> F		COUNTY YOU LIVE IN
SOCIAL SECURITY NUMBER										
AGE	DATE OF BIRTH	DAYTIME PHONE NO.								
SEX <input type="checkbox"/> M <input type="checkbox"/> F		COUNTY YOU LIVE IN								

PREVIOUS NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases)

(FIRST, MIDDLE, LAST)		(FIRST, MIDDLE, LAST)
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PURPOSE OF CLEARANCE (Check ONE block ONLY)

<input type="checkbox"/> CHILD CARE	<input type="checkbox"/> VOLUNTEERS-A copy of your PROCESSED 'Request for Criminal Record' (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their PROCESSED FBI clearance (Form FID-258).	<input type="checkbox"/> CWEP (Community Work Experience Program Participant)
<input type="checkbox"/> FOSTER CARE		
<input type="checkbox"/> ADOPTION		
<input type="checkbox"/> SCHOOL		

SIGNATURE OF CAO REP _____

CAO PHONE NO _____

PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

1.
2.
3.
4.

HOUSEHOLD MEMBERS (List everyone who lived with you at anytime since 1975 to the present).

NAME (First, Middle, Last) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1.			
2.			
3.			
4.			
5.			
6.			

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

Applicants are required to show the Administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE _____ DATE _____

DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

SECTION II RESULTS OF HISTORY CHECK

APPLICANT IS **NOT** LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE. APPLICANT **IS** LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW).

STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1.		3.	
2.		4.	

VERIFIER _____

DATE _____

VERIFIER'S SUPERVISOR _____

DATE _____

SECTION III

VOLUNTARY CERTIFICATION FOR CHILD CARE SERVICES

_____ has requested a certification which includes a clearance of his/her name against the child abuse, school employee, and criminal history reports.

The results of the child abuse and school employee report clearances are listed in Section II on the reverse side. The results of the criminal history reports are listed below. Out-of-state residents must have criminal history clearance from both the Pennsylvania State Police and the FBI. The voluntary certification may be obtained every two years.

It is the responsibility of parents and guardians to review this information to determine the suitability of the applicant as a substitute caregiver.

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred in the last five years.
- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred over five years ago.
- Applicant is named as the perpetrator of an "Indicated" child abuse or school employee report.
- Applicant is not named as the perpetrator of any child abuse or school employee report contained in the Statewide Central Register.

PENNSYLVANIA STATE POLICE CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This does not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.

FBI CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This may not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.
- No FBI clearance required.

VERIFIER_____
DATE_____
VERIFIER'S SUPERVISOR_____
DATE