



CRIMINAL RECORD CHECK COMPLIANCE REPORT

Per [BC Soccer Criminal Record Check Policy](#) members are required to submit a Criminal Record Check Compliance Report annually to BC Soccer by January 30th.

Please complete the form below and submit as your organization's Criminal Record Checks Compliance Report to your direct governing body.

GENERAL INFORMATION

Organization Name:

Date (of this report):

CRIMINAL RECORD CHECK / VULNERABLE SECTOR CHECK SUMMARY / ENHANCED POLICE INFORMATION CHECK REPORT

Number of CRC/VSC/EPICs REQUIRED:

(The total number of board, staff, contractors, and volunteers that are 19 years of age and older)

Number of CRC/VSC/EPICs COMPLETED:

(A CRC/VSC/EPIC is "completed" when the organization has received the results from an approved agency and there are no flags, or, when the organization has reviewed and made a decision on a CRC/VSC/EPICs with any identified flags.)

Number of CRC/VSC/EPICs SUBMITTED & IN PROCESS:

(The number of individuals who have confirmed their submission to an approved agency and are waiting to receive the results, including fingerprints if required)

Number of CRC/VSC/EPICs NOT SUBMITTED:

(The number of individuals who have not submitted the appropriate information to an approved agency)

Please check/mark the box to agree/confirm the following:

I confirm that those individuals who have not submitted a CRC/VSC/EPIC will not continue in their role with the club until their CRC/VSC/EPIC has been completed.



British Columbia Soccer Association

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FLAGGED CRIMINAL RECORD CHECK / VULNERABLE SECTOR CHECK / ENHANCED POLICE INFORMATION CHECK REPORT

Of the **COMPLETED** CRC/VSC/EPICs, please indicate the number of checks that were flagged and how the organization handled them below:

Number of CRC/VSC/EPIC **Flagged**:

Of those individuals with flagged CRC/VSC/EPICs how many were:

Able to continue within their role as intended with the organization:

Able to continue working/volunteering with the organization in a different or **modified role**:

Not able to continue working/volunteering with the organization:

Organization President Name or Risk Management Officer Name (please print)

Organization President or Risk Management Officer Signature