

Risk Management Program Questionnaire
Youth Soccer

Background Information

1. Organization Name: _____
2. Primary Contact: _____
3. Address: _____
4. Phone (_____) _____ FAX (_____) _____
5. Website: _____
6. Affiliation(s): ____ USYSA ____ AYSO ____ SAY ____ USSSA ____ US Club Soccer ____ Other
7. Type of Entity: ____ Non-Profit Corp. ____ Not for Profit Unincorporated Assoc. ____ For Profit
8. Describe your current programming and any programming you anticipate adding in the next 2 years:

9. Provide an approximate number of participants in your programs by age: ____ less than 4 years of age ____ 4- 9 years of age ____ 10 -13 years of age ____ 14-17 years of age ____ 18 years of age and older

10. Approximately how many adults are involved in your organization by the following roles:
 - a. _____ Volunteer Coaches
 - b. _____ Volunteer Assistant Coaches
 - c. _____ Volunteer Team Managers/Team Parents
 - d. _____ Officers and Board Members
 - e. _____ Paid Office Staff
 - f. _____ Paid Coaching Staff

11. If you have paid staff, how many are employees? _____ Independent Contractors? _____

Volunteer Screening and Management

12. Indicate which of the following tools you currently use to screen volunteers using the following scale (1 – Used consistently on every volunteer 2 – Intended to be used consistently but in practice is only used on occasion 3 – Used informally or on an *ad hoc* basis 4 – Never used):

- | | |
|--|--|
| <input type="checkbox"/> Criminal background checks | <input type="checkbox"/> Volunteer Screening Committee |
| <input type="checkbox"/> Volunteer Application | <input type="checkbox"/> Reference Checking |
| <input type="checkbox"/> Personal Interviews | <input type="checkbox"/> Internal Complaint/Abuse Database |
| <input type="checkbox"/> External Complaint/Abuse Database | |

13. Do you have written child protection policies in place? Yes No If so, please attach copies.

14. Indicate which of the following tools you currently use to train or supervise volunteers using the following scale (1 – Used consistently on every volunteer 2 – Intended to be used consistently but in practice is only used on occasion 3 – Used informally or on an *ad hoc* basis 4 – Never used):

- | | |
|--|--|
| <input type="checkbox"/> On site monitors | <input type="checkbox"/> Formal Player Safety Training/Orientation |
| <input type="checkbox"/> Volunteer Interaction Policies | <input type="checkbox"/> Two Adult Policy |
| <input type="checkbox"/> Complaint Reporting Process | <input type="checkbox"/> Video Surveillance |
| <input type="checkbox"/> Required Licensing/Certifications | <input type="checkbox"/> Formal Review Process |

Assets and Insurance

- 15. Do you own or lease your facilities? _____

- 16. Do you have buildings, including storage buildings, on your facilities?
____ Yes ____ No

- 17. Are buildings owned or leased? _____

- 18. What is the approximate value of the contents in your buildings? _____

- 19. What is the approximate value of other fixtures or equipment that you own? _____

- 20. Do you maintain property and contents insurance coverage for the buildings?
____ Yes ____ No

- 21. Do you maintain property damage insurance for your equipment and fixtures?
____ Yes ____ No

- 22. Do you require your treasurer and all persons with authority to write checks to be bonded?
____ Yes ____ No

- 23. Do you carry any liability or medical payments insurance **other than** what is provided through your governing body? ____ Yes ____ No

- 24. Do you regularly review your insurance needs and coverages with a licensed insurance agent?
____ Yes ____ No If so, how frequently?

Financial Controls

25. Describe your current financial control policies to assure that only legitimate payments are made from and to organizational accounts. If these policies are written, please attach a copy.
26. What position(s) by title is responsible for maintaining the financial records of your organization?
27. What position(s) by title is responsible for maintaining organizational records (contracts, registration data)?
28. Do you utilize a bookkeeping or accounting service? Yes No
- a. If yes, do they perform an audit on an annual basis? Yes No

Other Exposures

29. Are any teams responsible for locating or procuring their own practice facilities?

Yes No

30. Do any other organizations use your facilities? Yes No

31. Do other companies offer soccer related camps or training services at your locations? Yes

No

32. Do you operate any camps or paid training programs apart from team soccer activities?

Yes No

33. Describe how weather related cancellation decisions are made.

Attachments

Attach any existing written policies that are designed to address risks to the organization and its participants.