



## Evaluator Code of Ethics

I, \_\_\_\_\_

Initial	Statement
	<b><u>UNDERSTAND</u></b> that the evaluation process is in place; to place players on appropriate teams based on skill level.
	<b><u>WILL</u></b> evaluate <b><u>impartially</u></b> , using the criteria provided to me by Village Sports and Southwest Hockey as a guideline and I will <b><u>not</u></b> let personal relationships influence my results.
	<b><u>WILL NOT</u></b> evaluate my own child's Age Group, and if I have been scheduled to an Age Group that includes my child, I will immediately inform the individual who assigned me.
	<b><u>WILL NOT</u></b> share comments or opinions <b><u>with any</u></b> parents, legal guardians, participants or other interested observers.
	<b><u>WILL NOT</u></b> discuss my evaluation rankings with others after the evaluation process is complete. If I have any questions or concerns about the ranking of participants or I need additional guidance, I may discuss with members of the Village Sports team, the Director of Evaluations, Assistant Director of Evaluations, Eval Lead.
	<b><u>WILL SHOW UP</u></b> on time, on all dates that I am evaluating. If I am not able to attend as scheduled, I will provide <b><u>reasonable notice</u></b> .
	<b><u>WILL TREAT ALL</u></b> Southwest volunteers with <b><u>RESPECT</u></b> at <b><u>ALL</u></b> times.
	<b><u>UNDERSTAND</u></b> that as a result of my actions, <b><u>if I breach my Code of Ethics, I;</u></b> <ul style="list-style-type: none"><li>- May be removed from my evaluator role, and may not be considered for a Head Coach or Assistant Coach position.</li><li>- May have my volunteer credits revoked, and will be required to fulfill the volunteer bond in another manner.</li></ul>

**Print Your Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Prior to beginning your evaluator duties, this form must be submitted to the Assistant Director of Evaluations at: [asst-evaluations@southwesthockey.ca](mailto:asst-evaluations@southwesthockey.ca)

