



SOUTHERN CALIFORNIA SWIMMING
VOLUNTEER OFFICIALS CERTIFICATION / RE-CERTIFICATION FORM
 Stroke and Turn / Chief Judge / Starter

Name: _____	Date: _____	Committee: <input type="checkbox"/> Coastal
Address: _____		<input type="checkbox"/> Desert
City: _____	State: _____ Zip Code: _____	<input type="checkbox"/> Eastern
Home Phone: _____	Work Phone: _____	<input type="checkbox"/> Metro
Cell Phone: _____	E-mail: _____	<input type="checkbox"/> Orange
		<input type="checkbox"/> Pacific
		<input type="checkbox"/> Unat

Current Certification:	N1 Expires:	N2 Expires:	N3 Expires:
Stroke and Turn	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Chief Judge	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
I am applying for: <input type="checkbox"/> Certification <input type="checkbox"/> Evaluation			
<input type="checkbox"/> Stroke and Turn / Chief Judge <input type="checkbox"/> Starter			

Qualifications for the Position:	
S&T / Chief Judge	Starter
USA-S required tests <input type="checkbox"/> passed <input type="checkbox"/> under 80%	USA-S required tests <input type="checkbox"/> passed <input type="checkbox"/> under 80%
Apprentice with two different Meet Referees for a minimum of 12 sessions (3 separate meets). Number of apprentice sessions: <input type="text"/>	Must have worked as a Certified Stroke and Turn/Relay Take-off Judge for a minimum of 6 months to include 6 sessions. Date certified as S/T: <input type="text"/> Apprentice with two different Meet Referees for a minimum of 12 sessions (3 separate meets). Number of apprentice sessions: <input type="text"/>

SCS Deck S&T / Chief Judge / Starter Officials Evaluation

Applicant has meet or exceeded expectations for certification Applicant has NOT meet expectations for position, further training is recommended

Please rate each area by number: Needs Further Training ← 1 2 3 4 5 → Outstanding

General (Everyone)	S&T / Chief Judge	Starter
<input type="checkbox"/> Appearance	<input type="checkbox"/> Position on deck	<input type="checkbox"/> Timer Instructions
<input type="checkbox"/> Attitude	<input type="checkbox"/> Watches Pool	<input type="checkbox"/> Voice Control
<input type="checkbox"/> Composure	<input type="checkbox"/> Radio usage	<input type="checkbox"/> Controls Field Prior to start
<input type="checkbox"/> Reliable	<input type="checkbox"/> Athlete Communication	<input type="checkbox"/> Good Judgment –Stand Command
<input type="checkbox"/> Knowledge of USA-S and SCS Rules	<input type="checkbox"/> Relay Take-Offs	<input type="checkbox"/> Recognizes False Starts
<input type="checkbox"/> Interaction with Athletes, Coaches	<input type="checkbox"/> Overall Performance	<input type="checkbox"/> Overall Performance

Comments or Recommendations: (Type below)

Evaluator's Name: _____	Date: _____
SCS Section Rep: _____	Date: _____

Minimum Standards for certification can be found on the SCS web site <http://www.socialswim.org/>
 Evaluators: Fill out the form and attach to an email to the SCS official's chair (trackmdr@aol.com), committee officials chair and copy the official that is being evaluated.