



South Carolina Youth Soccer

Employment/Volunteer Disclosure Statement

2009-2010



 Name of Club / Organization (Coach, Volunteer, Administrator, Referee, etc.)

 Legal Name (*First, Initial and Last - Please Print Clearly*) Social Security Number

 Street Address (No P.O. Box) City State Zip Code

 Date of Birth Home Phone Business Phone

Gender M F _____

 E-mail Cell Phone

 Driver's License Number State

Below: Circle answers/sign and date

- | | | |
|---|------------|-----------|
| 1. Have you ever been convicted of a crime of violence? | YES | NO |
| 2. Have you ever been convicted of a crime against a person? | YES | NO |
| 3. Have you ever been convicted of any violation of the law other than a minor traffic violation? | YES | NO |

I understand that:

- a. It is the intent of South Carolina Youth Soccer to deny certification to any person who does not meet the requirements set forth in the South Carolina Youth Soccer Risk Management Classification Guidelines.
- b. I hereby certify that all statements made in this application are true, and I agree and understand that any misstatements of the material facts herein will cause forfeiture on my part to volunteer with South Carolina Youth Soccer. The information which I have provided on this form is subject to verification, which may include a criminal background check.

Signature Printed Name Date