



South Carolina Youth Soccer Association
Employment/Volunteer Disclosure Statement
2006-2007



 Name of Club / Organization

 (Coach, Volunteer, Administrator, Referee, etc.)

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

 Social Security Number

 Address

 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 SCYSA to deny certification to any person who does not meet the requirements set forth in the SCYSA 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 SCYSA. The information which I have provided on this form is subject to verification, which may include a criminal background check.

Signature

Printed Name

Date