



**ENTER MEMBER LEAGUE CODES AS SHOWN ON REVERSE SIDE OF THIS FORM IN THE SPACES PROVIDED.**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_  
 LIST ALL LEAGUES AND/OR REFEREE DISTRICTS THAT YOU WILL BE WORKING WITH DURING THE COMING YEAR.

## EMPLOYMENT / VOLUNTEER DISCLOSURE STATEMENT

*PLEASE PRINT NEATLY ALL INFORMATION*

\_\_\_\_\_  
 FIRST NAME M.I. LAST NAME SOCIAL SECURITY NUMBER

\_\_\_\_\_  
 HOME ADDRESS CITY STATE ZIP CODE

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ **County:** \_\_\_\_\_  
 HOME TELEPHONE NUMBER BUSINESS TELEPHONE NUMBER COUNTY OF RESIDENCE

\_\_\_\_\_  
 E-MAIL ADDRESS CURRENT COACHING LICENSES CURRENT REFEREE GRADE

\_\_\_\_\_  
 DRIVER'S LICENSE # OR STATE ID # STATE / / Date Of Birth: / /  
 DATE OF EXPIRATION MONTH DAY YEAR

POSITION, TYPE OF WORK, EXPERIENCE # of YEARS

- Background in work with youth: \_\_\_\_\_
- Experience in soccer: \_\_\_\_\_
- Experience in youth soccer: \_\_\_\_\_
- Previous residence(s) past 5 years: \_\_\_\_\_  
 (Use back of form if necessary) CITY STATE

- Have you ever been convicted of a crime of violence?  **NO**  **YES** If yes, explain on reverse.
- Have you ever been convicted of a crime against a person?  **NO**  **YES** If yes, explain on reverse.
- Have you ever failed to be re-employed, been involuntarily discharged, been fired, or been asked to resign from any position involving the supervision of minors.  **NO**  **YES** If yes, explain on reverse.

I understand that:

- US YOUTH SOCCER and OHIO SOUTH YOUTH SOCCER ASSOCIATION may deny certification to any person who has been convicted of a crime of violence or of a crime against a person.
- In applying for a position with US YOUTH SOCCER and/or OHIO SOUTH YOUTH SOCCER ASSOCIATION, the information that I have furnished on this form is subject to verification, which may include a check for criminal history and/or check(s) with appropriate governmental agencies. In addition, the State of Ohio recently passed a new law (Ohio Revised Code 109.575). The law requires that we must inform you that at any time you may be required to provide a set of impressions of your fingerprints and a criminal records check might be conducted.
- This disclosure form must be updated at least every two years.

The above information is true and accurate.

\_\_\_\_\_  
 SIGNATURE PRINTED NAME DATE / / Rev 12/10/03

