

VOLUNTEER DISCLOSURE STATEMENT

Georgia Youth Soccer Association
Mountain United Soccer Association

Position Code (Coach___) (Volunteer___) (Referee___) (Manager/Coordinator___)
(Administrator___) (Trainer___) (Other___)

First Name _____ Last Name _____

Social Security Number _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Business Phone: _____ Gender (M___) (F___)

Email address _____

Coaching License Level _____ Referee Grade Level _____

Drivers License Number: _____ State: _____ Expiration: _____

1. Background in work with youth. Position: _____ Years _____
2. Experience in Soccer Position: _____ Years _____
3. Experience in Youth Soccer Position: _____ Years _____
4. Previous residence(s) last five years City: _____ State: _____

5. Have you ever been convicted of a crime of violence? (Yes ___) (No ___)
If yes, please explain: (Use back of form if necessary) _____

6. Have you ever been convicted of a crime against a person (Yes ___) (No ___)
If yes, please explain: (Use back of form if necessary) _____

I understand that:

A. it is the intent of US YOUTH SOCCER to deny certification to any person who has been convicted of a crime of violence or a crime against a person.

B. In applying for a US YOUTH SOCCER position, the information which I have furnished on this form is subject to verification, which may include a criminal history check/ I AUTHORIZE SUCH VERIFICATION.

C. This disclosure statement must be updated at least every two (2) years.

Signature: _____ Printed Name _____

Date _____

PLEASE COMPLETE THE ENTIRE FORM AND RETURN TO:
Mountain United Soccer Association
P.O. Box 1862, Blairsville, Ga. 30514

Mandated April 7, 2000 By GSSA/GYSA