



South Carolina Youth Soccer

Employment/Volunteer Disclosure Statement

2011-2012



Name of Club / Organization	(Coach, Volunteer, Administrator, Referee, etc.)		
Legal Name (<i>First, Middle and Last - Please Print Clearly</i>)	Social Security Number		
Street Address (No P.O. Box)	City	State	Zip Code
Date of Birth	Home Phone	Business Phone	
Gender <input type="checkbox"/> M <input type="checkbox"/> 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.
- c. I have read the volunteer classification guidelines form before answering.

Signature	Printed Name	Date
------------------	---------------------	-------------

Please make sure you complete this form in its entirety, all questions must be answered.