Colorado State Youth Soccer Association

# EMPLOYMENT-VOLUNTEER DISCLOSURE STATEMENT

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|---|---|---|
| FIRST NAME AND INITIAL | LAST NAME | SOCIAL SECURITY NUMBER (Optional) |
| ADDRESS | CITY | STATE ZIP CODE |
| HOME PHONE | BUSINESS PHONE | DATE OF BIRTH |
| COACHING LICENSE | REFEREE GRADE | GENDER ❑ M ❑ F |
| DRIVER'S LICENSE NO. | STATE | EXPIRATION |

1. Background in work with youth — Position _____ Year(s) _____
2. Experience in soccer — Position _____ Year(s) _____
3. Experience in youth soccer — Position _____ Year(s) _____
4. Previous residence(s) (for last 5 years) (use the back of form if necessary) — City _____ State _____
5. Have you ever been convicted of a crime of violence? Yes No
   If yes, please explain: (use the back of form if necessary)
6. Have you ever been convicted of a crime against a person? Yes No
   If yes, please explain: (use the back of form if necessary)

**I understand that:**

a. It is the intend of CSYSA/US YOUTH SOCCER to deny certification to any person who has been convicted of a crime of violence or of a crime against a person.
b. In applying for a CSYSA position, the information which I have furnished on this form is subject to verification, which may include a criminal history check.
c. This disclosure statement must be updated at least every two (2) years.

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