



# Colorado State Youth Soccer Association

## EMPLOYMENT/VOLUNTEER DISCLOSURE STATEMENT

|   |                         |  |  |
|---|-------------------------|--|--|
| _____<br>FIRST NAME AND INITIAL                       |                         | _____<br>LAST NAME                         |  |
| _____<br>DATE OF BIRTH                                |                         | _____<br>SOCIAL SECURITY NUMBER (optional) |  |
| _____<br>ADDRESS                                      | _____<br>CITY           | _____<br>STATE                             | _____<br>ZIP CODE  |
| _____<br>HOME PHONE                                   | _____<br>BUSINESS PHONE | _____<br>E-MAIL ADDRESS                    |  |
| _____<br>DRIVER'S LICENSE NO.                         | _____<br>STATE          | _____<br>EXPIRATION DATE                   | _____<br>GENDER: <input type="checkbox"/> M <input type="checkbox"/> F |
| _____<br>TEAM NUMBER /POSITION (ie, 80111/Head Coach) |                         | _____<br>COACHING LICENSE                  | _____<br>REFEREE GRADE   |

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.

\_\_\_\_\_  
Signature                                      Printed Name                                      Date