



## Employment/Volunteer Disclosure Statement

\_\_\_\_\_  
LEGAL FIRST NAME AND MIDDLE INITIAL

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
DATE OF BIRTH (mo/day/year)

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
WORK PHONE

\_\_\_\_\_  
GENDER

*CIRCLE APPROPRIATE ANSWER. PLEASE EXPLAIN ANY YES RESPONSES ON BACK SIDE OF THIS FORM*

1. HAVE YOU EVER BEEN CONVICTED OF A CRIME OF VIOLENCE OR A CRIME AGAINST AN INDIVIDUAL INCLUDING BUT NOT LIMITED TO DOMESTIC VIOLENCE, HARRASMENT, ASSAULT AND PHYSICAL, MENTAL, OR SEXUAL ABUSE? **YES OR NO**
2. HAVE YOU EVER BEEN CONVICTED FOR POSSESSION AND/OR SALE OF AN ILLEGAL SUBSTANCE? **YES OR NO**
3. HAVE YOU EVER BEEN CONVICTED OF DRIVING UNDER THE INFLUENCE OR DRIVING WHILE ABILITY IMPAIRED IN THE LAST 5 YEARS? (USED TO DENY TRANSPORTING CYS MEMBERS) **YES OR NO**
4. HAVE YOU EVER BEEN CONVICTED OF CHILD ABUSE OR A FELONY OR MISDEMEANOR CRIME THAT ENDANGERED THE WELFARE OF A MINOR? **YES OR NO**

By signing below, I certify that:

1. I have read and understand the Colorado Youth Soccer Risk Management Policy
2. I understand that by submitting the information above, that this information is subject to verification and that there will be a background check for criminal history as well as a check with appropriate governmental agencies.
3. I understand that if the information I provided above is either false or incomplete, my privileges with CYS will be subject to immediate suspension and the appropriate authorities will be notified.
4. In consideration of Colorado Youth Soccer or any affiliated league or club, evaluating my application, I hereby save and hold harmless from any liability CYS or its affiliated members, from any action or proceeding against it by me based on rejection of my application or based on my removal from any soccer position after my application has been accepted.
5. It is the intent of CYS/US YOUTH SOCCER to deny certification to any person who has been convicted of a crime of violence, a crime against a person, or a felony.
6. This disclosure statement must be updated at least every two (2) years.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date (mo/day/yr)