New Jersey Youth Soccer

EMPLOYMENT/VOLUNTEER DISCLOSURE STATEMENT

First Name & Initial _____ Last Name _____ Social Security Number _____

Address (No PO Box Address) _____ Town _____ State _____ Zip Code _____

( ) Home Phone _____ ( ) Business Phone _____ Date of Birth _____

Coaching License _____ US Soccer Referee Grade _____ State _____

Drivers License Number _____ 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) City_____ State_____
5. Have you ever been convicted of a crime or disorderly person offense? If yes, please explain (Use back of form if necessary) ☐ Yes ☐ No
6. Have you ever been convicted of a crime against a person? If yes please explain (Use back of form if necessary) ☐ Yes ☐ No

I understand that:

a. It is the intent of New Jersey Youth Soccer to deny certification to any person who has been convicted of a crime of violence or a crime against a person.
b. This disclosure statement must be updated at least every year.

_____ Signature _____ Printed Name _____ Date

THIS FORM IS TO BE HANDED IN TO YOUR CLUB'S KIDSAFE COORDINATOR

This form shall be maintained by the Club for a period of two years after the seasonal year