



# Arizona Youth Soccer Association

## Volunteer Registration and Disclosure Form

Last name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(Street address required, P.O. Box will not be accepted)

Gender: M \_\_\_ F \_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ DL# \_\_\_\_\_ DL State \_\_\_\_\_

If a resident of Arizona for less than 5 years, my previous city and state of residence was: \_\_\_\_\_

Coach License (Module, E, D...) \_\_\_\_\_ # of Yrs coaching soccer \_\_\_\_\_ States coached in \_\_\_\_\_

Referee Grade \_\_\_\_\_ Which States \_\_\_\_\_

Please identify your current position(s) by checking all that apply below:

\_\_\_\_ Rec. Coach      \_\_\_\_ Comp. Coach      \_\_\_\_ ODP Staff      \_\_\_\_ Board Member  
\_\_\_\_ Referee      \_\_\_\_ Administration      \_\_\_\_ Team Manager      \_\_\_\_ Parent Volunteer

1. Background in work with youth      Position \_\_\_\_\_      Years \_\_\_\_\_

2. Experience in soccer      Position \_\_\_\_\_      Years \_\_\_\_\_

3. Experience in youth soccer      Position \_\_\_\_\_      Years \_\_\_\_\_

**Please Respond to Each Question. Circle appropriate answer; explain all yes responses on back**

- 1. Have you ever been convicted of a crime of violence or a crime against a person?      **Yes No**
- 2. Have you ever been convicted of a felony?      **Yes No**
- 3. Have you even been subject to any court order involving sexual, physical or verbal abuse, including, but not limited to, a domestic or protection order?      **Yes No**
- 4. Have you ever been adjudged liable for civil penalties or damages? involving sexual, physical abuse?      **Yes No**
- 5. Have you ever been asked to resign from any position, paid or unpaid, due to complaint(s) of sexual, physical, or verbal abuse?      **Yes No**
- 6. Do you have any history of sexual, physical or verbal abuse?      **Yes No**
- 7. Have you been suspended from coaching youth soccer, or any youth sport for a period of more than 6 months in any state? If so, please indicate when and where on reverse of this form.      **Yes No**
- 8. Do you have a conviction for the use, possession and/or sale of an illegal substance?      **Yes No**

**Read carefully prior to signing below:**

I agree that I will abide by the rules of US Youth Soccer and its affiliated organizations (including the Arizona Youth Soccer Association, AYSA). It is the intent of the Arizona Youth Soccer Association to accept coaches, administrators, volunteers, and to utilize referees without a prior history of violence, child abuse and/or neglect, or felony conviction(s). The information given in this statement is subject to verification by the Arizona Youth Soccer Association through any background check organization chosen by AYSA. I understand that I may be required to be fingerprinted for a Department of Public Safety and/or Federal Bureau of Investigation criminal check. Reports may be compiled with information from court repositories, Department of Motor Vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics. I also understand that any false or misleading information that I provide on this form will result in automatic denied membership for a minimum period of 6 months in the Arizona Youth Soccer Association and being barred from any and all sanctioned activities. **This registration/disclosure statement must be updated every year.**

**Applicant Signature** \_\_\_\_\_ **Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**League** \_\_\_\_\_ **Club** \_\_\_\_\_ **Team** \_\_\_\_\_