

*Eastern New York Youth Soccer Association
Post Office Box 862, Rockville Centre, New York 11571*

VOLUNTEER DISCLOSURE STATEMENT

By signing this disclosure form, I hereby authorize Eastern New York Youth Soccer Association (ENYYSA) and/or its affiliated members to make an investigation of my background, criminal or police records, including those maintained by both public and private organizations and all public records or state registries. **I certify that all the information provided by me is true and complete to the best of my knowledge.** I understand that if the information I provide is incomplete or false, I may not be considered for privileges with ENYYSA or my privileges may be revoked.

Required E-Mail Address: _____ Print CLEARLY

Last Name: _____ **First Name:** _____ **Middle Name** _____

List Other Names Known By: _____ **Maiden Name:** _____

Circle One: **MALE** **FEMALE** **Date of Birth:** _____

City and Country of Birth: _____ **US Citizen?** **YES** **NO**

If No, Citizen of _____ **Social Security Number:** _____

Present Address: _____

How Long have you lived at this Address: _____ **Telephone #:** _____

Previous Address (if less than 5 years at present address): _____

Driver's License State: _____

Privilege Requested: (circle all that apply) Travel Coach Travel Assistant Coach

Travel Manager State ODP Coach State ODP Manager Volunteer

Referee Employee Trainer Recreational Coach

Recreational Asst Coach Recreational Manager Reecreational Volunteer League ODP(Select)Coach

League ODP (Select)Asst Coach **OTHER:** _____

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Licensing:

USSF Coaching License Level ____ National ____ State ____ League ____ Y/M ____

NONE Coaching License #: _____

NSCAA Coaching License Level ____ National Youth ____ Premier ____ Advanced ____ National
____ Advanced Regional ____ Regional ____ State

OTHER: UEFA OR _____ Age Level Requesting to Coach: _____

League: Big Apple Cosmopolitan Capital District East Hudson Hudson Valley
Long Island Junior Metro Kids Staten Island Westchester Italian American
Counties United Central NY Mid States Other: _____

Club Name : _____ This is REQUIRED.

Answer the following questions: (Use additional sheets if necessary for explanations.)

1. Have you ever been convicted of a felony or misdemeanor crime of violence? Yes No

If yes, explain. _____

2. Have you ever been convicted of a felony or misdemeanor crime against a person? Yes No

If yes, explain. _____

3. Have you ever been convicted of a felony or misdemeanor crime that involved the welfare and/or endangerment of a minor? Yes No

If yes, explain. _____

4. Have you ever failed to be re-employed, been voluntarily discharged, been fired, or been asked to resign from any position involving the supervision or care of minors? Yes No

If yes, explain. _____

5. Are you currently on probation or court supervision for any reason? Yes No

If yes, explain. _____

6. Are you currently a defendant in litigation regarding moral turpitude or felonies detrimental to the welfare of minors?

Yes No

If yes, explain. _____

7. If you have been convicted of any other crime or have been arrested, please provide an explanation, as background checks usually list all arrests.

Comment: _____

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By signing below, I certify that:

1. I have read and understand the Eastern New York Youth Soccer Association's (hereafter ENYYSA) Risk Management Policy available at enysoccer.com or from the state office by calling 1-888-5ENYYSA, AND I understand that I am requesting soccer privileges with ENYYSA.

2. I AM AT LEAST 18 YEARS OLD.

3. I am aware that by submitting this information, it is subject to verification and that there will be a background check. I understand that submitting false, inaccurate or incomplete information may subject me to disqualification or additional fees and fines if I am allowed to resubmit an application. I AGREE TO PAY all fees and fines associated with a new background check.

4. I understand that ENYYSA, US Youth Soccer or its affiliated organizations may deny certification to any applicant convicted of a felony, crime of violence, a crime against a person, or a crime involving the welfare of a minor or individuals with a documented history that may pose a threat to ENYYSA members and players. Applicant understands that the information furnished on the disclosure statement is subject to verification, which will include a criminal history check. All applicants who are at least 16 years of age and have not yet reached their 18th birthday are required to submit a paper Volunteer Disclosure Form and with an authorizing signature from their parent or legal guardian.

5. I agree to FULLY COOPERATE with ENYYSA, and authorize communication to me by the email I provided, should there be questions about my application or results of a background check upon submission OR AT ANY TIME during my clearance period. FAILURE to do so will result in disqualification.

6. I understand that if my soccer privileges are denied or I am disqualified, ENYYSA is OBLIGATED to report the disqualification due to risk management concerns to United States Youth Soccer Association and the United States Soccer Federation, as well as member organizations (USSF Policy 212).

7. I hereby authorize ChoicePoint Services Inc. and League Sports Services LLC (DBA SportsSignup), on behalf of ENYYSA, to procure a background check which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, departments 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 MY RIGHTS UNDER THE FAIR CREDIT REPORTING ACT. This is available on the enysoccer.com web-site or from the state office at 1-888-5ENYYSA.

8. In consideration of ENYYSA and its affiliate members my application, I hereby save and hold harmless from any liability said ENYYSA and its affiliated members, from any action or proceeding against it by me.

9. I hereby hold harmless from any liability League Sports Services LLC and ChoicePoint Services Inc. and its affiliated members, from any action or proceeding against it by me based on information obtained from the background check or my removal from any role / responsibility due to information obtained from the background check.

Signature _____ Date Submitted _____

Mail this form and a \$30 check payable to ENYYSA to: ENYYSA, Risk Management, Post Office Box 862, Rockville Centre, New York 11571.

You will be notified when your background check has been completed. Please allow at least 3 weeks for processing. Forms received without payment will be returned. You will receive an e-mail confirmation when your form is processed.