

*Eastern New York Youth Soccer Association  
Risk Management Program  
Post Office Box 862  
Rockville Centre, New York 11571-0862*

**RESUBMISSION OF INFORMATION TO CORRECT  
ORIGINAL VOLUNTEER DISCLOSURE FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Some of the information was inaccurate on my original submission of my Volunteer Disclosure Form as noted on the ChoicePoint Report that I received. Following is the correct information:

---

---

---

I am requesting that ENYYSA resubmit this information in order to obtain a complete background check, so that I may obtain soccer privileges within ENYYSA.

I understand that if negative background check information is received, I am still subject to disqualification.

I have reread the ENYYSA Risk Management Policy.

I AGREE to ALL of the terms on my original Volunteer Disclosure Form.

I have attached the \$35 fee.

\_\_\_\_\_  
Legal Signature

\_\_\_\_\_  
Date

