



SAY Volunteer Application Form

Head Coach: _____ (required) Player Age: _____

Please PRINT all information. Applicant MUST fill in all areas.

FIRST NAME		INITIAL	LAST NAME	
*STREET ADDRESS				
CITY			STATE	Zip
HOME PHONE	()	WORK PHONE	()	
DATE of BIRTH		YEARS LIVED AT ABOVE ADDRESS		
MO.:	DATE:	YEAR:		
DRIVER LICENSE#			STATE ISSUED	EXPIRATION

*If above address is less than five years, please indicate prior address.

STREET ADDRESS				
CITY			STATE	Zip
HOME PHONE	()	YEARS LIVED AT ABOVE ADDRESS		

PERSONAL HISTORY	YES	NO
Have you ever been found guilty by a court or other tribunal to have committed a violent act against another person, engaged in any misconduct involving a juvenile OR been convicted of a crime except for a minor traffic violation?		

NOTE: SAY, at its discretion, may use the above information to conduct a criminal background check regardless of the response on "Personal History".

As an applicant for a Soccer Association for Youth (SAY) volunteer position, I hereby attest to the truthfulness of the representations I have made, including the information provided in response to the questions regarding my criminal history. I authorize SAY to verify the above information and waive any right to confidentiality with respect to the information requested. If requested by SAY, I will submit my fingerprints for that purpose.

Applicant Signature

Date

AREA USE ONLY

SAY AREA:

AREA VOLUNTEER ADMINISTRATOR
Must be signed if a "YES" Response

Date