



# 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:
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\_\_\_\_\_  
AREA VOLUNTEER ADMINISTRATOR  
Must be signed if a "YES" Response

\_\_\_\_\_  
Date