



New Jersey Youth Soccer

EMPLOYMENT/VOLUNTEER DISCLOSURE STATEMENT

First Name & Initial	Last Name	Social Security Number
Address	Town	State and Zip code
() Home Phone	() Business Phone	Date of Birth
Coaching License	Referee Grade	State
Drivers License Number	State	Expiration

1. Background in work with youth	Position _____	Year(s) _____
2. Experience in soccer	Position _____	Year(s) _____
3. Experience in youth soccer	Position _____	Year(s) _____
4. Previous residence(s) (for last 5 years)	City _____	State _____
5. Have you ever been convicted of a crime or disorderly person offense? If yes, please explain (Use back of form if necessary)	Yes No	
6. Have you ever been convicted of a crime against a person? If yes please explain (Use back of form if necessary)	Yes No	

I understand that:

- a. It is the intent of New Jersey Youth Soccer to deny certification to any person who has been convicted of a crime of violence or a crime against a person.
- b. This disclosure statement must be updated at least every two (2) years.

Signature	Printed Name	Date
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**THIS FORM IS TO BE HANDED IN TO YOUR CLUB'S KIDSAFE
COORDINATOR**