



ENTER MEMBER LEAGUE CODES AS SHOWN ON REVERSE SIDE OF THIS FORM IN THE SPACES PROVIDED.

1 _____ 2 _____ 3 _____ 4 _____
 LIST ALL LEAGUES AND/OR REFEREE DISTRICTS THAT YOU WILL BE WORKING WITH DURING THE COMING YEAR.

EMPLOYMENT / VOLUNTEER DISCLOSURE STATEMENT

PLEASE PRINT NEATLY ALL REQUESTED INFORMATION

 FIRST NAME M.I. LAST NAME Soc. Sec #: _____
 (or Immigration #) (This is optional)

 HOME ADDRESS CITY STATE ZIP CODE

(_____) _____ (_____) _____ County: _____
 HOME TELEPHONE NUMBER BUSINESS TELEPHONE NUMBER COUNTY OF RESIDENCE

Date Of Birth: ____/____/____ E-Mail: _____
 If one is available:

1. Previous residence(s) past 5 years: _____
 (Use back of form, if necessary) CITY STATE # OF YEARS
2. Have you ever been convicted of a crime of violence? NO YES
 If yes, explain on reverse.
3. Have you ever been convicted of a crime against a person? NO YES
 If yes, explain on reverse.
4. Have you ever been convicted of a crime that involved welfare of a child? NO YES
 If yes, explain on reverse.
5. Have you ever failed to be re-employed, been involuntarily discharged, been fired, or been asked to resign from any position involving the supervision of minors. NO YES
 If yes, explain on reverse.

I understand that:

- a. US YOUTH SOCCER and OHIO SOUTH YOUTH SOCCER ASSOCIATION may deny certification to any person who has been convicted of a crime of violence or of a crime against a person or a crime involving the welfare of a child.
- b. In applying for a position with US YOUTH SOCCER and/or OHIO SOUTH YOUTH SOCCER ASSOCIATION, the information that I have furnished on this form is subject to verification, which may include a check for criminal history and/or check(s) with appropriate governmental agencies. Ohio Revised Code 109.575 requires that we must inform you that at any time you may be required to provide a set of impressions of your fingerprints and a criminal records check might be conducted.
- c. This disclosure form must be updated at least annually.
- d. Submission of false, incomplete or inaccurate information on this form may be sufficient grounds for disqualification from service with US YOUTH SOCCER and OHIO SOUTH YOUTH SOCCER ASSOCIATION and any of it's member leagues, associations, clubs or teams.

The above information is true and accurate.

 SIGNATURE PRINTED NAME DATE ____/____/____

The information provided on this form shall be used exclusively for OSYSA purposes and shall not be used for any other purpose.

The face of this form has been revised as of: 1/5/2013

