

SAY SAY Volunteer Application

Please PRINT all information. Fields identified with an (*) are required.					
Applicant Information					
*Last Name:	*First Na	ame:		MI:	
*Street Address: (1)			*Years at C Address:	Current	
*City:		*State:	*ZIP Code:		
*Primary	Secondary Phone:		Alt		
Phone: *Date of Birth:	Email:				
*Driver License #:	*State Issued:		*Expiration	*Expiration Date:	
⁽¹⁾ If residence at above address for less than five years, please indicate prior address					
Street Address:			Years at pr	Years at prior Address:	
City:		State:	ZIP Code:		
Personal History Information					
The following must be completed by all volunteers, new and returning.					
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?					
Returning Volunteer – Check one: My personal history HAS/HAS NOT changed since last year.					
Notice of Consent to Criminal Background Check & Statement of Affirmation					
Soccer Association for Youth (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 SAY volunteer position, I hereby affirm 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.					
Signature of applicant				Date	
SAY AREA Must be signed if a "YES" response in Personal History Information.					
Signature of Area Volunteer Admin	istrator	Date			