

Mason SAY Soccer Volunteer Application

Please PRINT all information. All fields are required!

| | | | |
|--|--------|-------------------------------|--|
| Name: | | | |
| Last | First | Middle initial | (other names used) |
| Present Address: | Street | | |
| | City: | | |
| | State: | | Zip: |
| Date of Birth: | | Male <input type="checkbox"/> | Female <input type="checkbox"/> Other: |
| Race | Height | Eye color | |
| PERSONAL HISTORY | | | |
| 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? | | | |
| <input type="checkbox"/> YES | | <input type="checkbox"/> NO | |
| If you answered "Yes" to the above question, please provide the details of each conviction or pending conviction below, including DATE (month/year), LOCATION (city, county, state), and NATURE of ALL convictions or pending convictions. Failure to list ALL convictions or pending convictions may be considered a falsification of this application and result in the withdrawal of an offer off the volunteer position. It is not acceptable to substitute "will discuss" for this information. | | | |
| Conviction (date, location and nature): | | | |
| Conviction (date, location and nature): | | | |
| Conviction (date, location and nature): | | | |

Head Coach: _____ Player Age: _____

Soccer Association for Youth (SAY), at its discretion, may use the above information to conduct a criminal background check. Should a background check be required, volunteer applicant will be presented with a disclosure and authorization form to sign prior to the background check being conducted.

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 the purpose.

Signature _____

Date _____

Please email completed application to saysoccermason@gmail.com or mail to PO Box 28, Mason, OH 45040