**Volunteer Application**

**Please PRINT all information. You must fill in all areas!**

# E-Mail to masonsaysoccer@gmail.com or mail to: PO Box 28

Mason, OH 45040

State:

Male Female

Other:

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?

Conviction (date, location and nature):

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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.

NO

YES

Eye color

Height

Race

Date of Birth:

Zip:

City:

Street

Present Address:

(other names used)

Middle initial

First

Last

Name:

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. I f requested by SAY, I will submit my fingerprints for the purpose.

Signature D ate