# Cal North Soccer Live Scan Form

## CONTRACT CODE: GAJR

### Applicant Must Complete The Section Below (Print in CAPITAL LETTERS)

**JOB TITLE :**  Coach_____   Board Member_____   Referee_____   Volunteer_____

**Applicant:**

| | |
|---|---|
| Last Name: _____ | Date of Birth: _____ |
| First Name: _____ | Gender: _____ |
| Middle Name: _____ | Eye Color: _____ |
| Suffix: _____ | Hair Color: _____ |
| CDL Or ID #: _____ | Height: _____ |
| Alias: _____ | Weight: _____ |

**Home Address:**

Street Address: _____  Apt #: _____

City: _____  State: _____  Zip: _____

**OCA / Your Number:**

| District Number | League Number | Club Number |
|---|---|---|
| | | |

I request to be fingerprinted so I may qualify to volunteer for or be employed by California Youth Soccer Associating (Cal North) or operate under contract with one of our affiliate organizations. I also certify that I have no physical illness or impairment which will make participation in soccer related activities dangerous to me. I understand that in requesting and being fingerprinted I may be disqualified or terminated ('Fail') from volunteering or employment if, according to the guidelines approved by the Board of Directors, the results of the background check and the review process shows evidence of moral turpitude, dishonesty, or fraud to such a degree as to cause the Board to be concerned for the well-being of those who would be associated with me as a volunteer.

I understand that I am required to complete the Cal North 1650 Form - Risk Management Disclosure and Agreement that outlines the complete policies and procedures pertaining to my request to be fingerprinted under the Cal North Risk Management Program.

I declare under Penalty of Perjury under the laws of the State of California that the information that I have furnished on this form is true and correct to the best of my knowledge.

Signature:_____  Date:_____

| | | |
|---|---|---|
| **Live Scan Agency Name** | **Live Scan ID (LSID)** | **Date** |
| **Name of Operator** | **ATI Number** | **OATI (Resubmission Only)** |