



SAY Volunteer Application

Please PRINT all information. Fields identified with an (*) are required.

*First Name:		MI:	*Last Name:	
*Street Address: ⁽¹⁾			*Years Lived at Current Address:	
*City:		*State:	*ZIP Code:	
*Home Phone:	*Work Phone:		*Date of Birth:	
*Driver License #:		*State Issued:	*Expiration Date:	

⁽¹⁾ If above address is less than five years, please indicate prior address.

Prior Street Address:		Years Lived 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? YES NO

If YES then enter Social Security Number: - - - - - - - -

Returning Volunteer – Check one: My personal history HAS /HAS NOT changed since last year.

Notice of Consent to Criminal Background Check

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 attest to 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 USE ONLY

SAY Area:	
Must be signed if a "YES" response in Personal History Information.	
_____ Signature of Area Volunteer Administrator	_____ Date