



SAY Volunteer Application

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

Applicant Information

*Last Name:		*First Name:	MI:
*Street Address: ⁽¹⁾		*Years at Current Address:	
*City:	*State:	*ZIP Code:	
*Primary Phone:	Secondary Phone:	Alt Phone:	
*Date of Birth:	Email:		
*Driver License #:	*State Issued:	*Expiration Date:	

⁽¹⁾If residence at above address for less than five years, please indicate prior address

Street Address:		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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

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 Administrator	_____ Date
--	---------------



SAY / CHOICE POINT VOLUNTEER AUTHORIZATION & CONSENT

This form is to be used when utilizing the background checking services offered by ChoicePoint Services Inc.

During the application process and at any time during the tenure of my service with Soccer Association for Youth (SAY), I hereby authorize ChoicePoint Services Inc., on behalf of SAY to procure a consumer report which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Social Security Number*: _____

Date of Birth: _____

Applicant Signature

Date

* Disclosure of your Social Security Number (SSN) is requested for the purpose of verifying your identity and along with other personal information supplied by you, will be used to conduct a criminal background. Failure to supply your SSN and other required information will result in delays in processing your application.



Developed in Partnership with the Nonprofit Risk Management Center
Copyright © 2007-2008 ChoicePoint Asset Company. All Rights Reserved.



SAY BACKGROUND VERIFICATION DISCLOSURE

This is used to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment, volunteer service or a contracted position, including retention as an employee, volunteer or independent contractor.

This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources.

California Notice:

You have the right under Section 1786.22 of the California Civil Code to contact ChoicePoint during normal business hours to obtain your file for your review. You may obtain such information as follows:

1. In person at ChoicePoint's office at the address listed above. You will need to furnish proper identification prior to receiving your file. You may have someone accompany you and should inform such person that they will also have to present reasonable identification. If you want ChoicePoint to disclose to or discuss your information with this third party, you may be required to provide a written statement granting ChoicePoint permission to do so.
2. By certified mail, if you make a written request (and provide proper identification) to have your file sent to a specified addressee.
3. By telephone, if you have previously made a written request and provided proper identification.

ChoicePoint has trained personnel to explain any information that is furnished to you and to explain any information that is coded.

Employer please note: If consumer checks "YES" regarding the full consumer report, and consumer resides in California, you will need to provide the individual with a copy of their consumer report.



Developed in Partnership with the Nonprofit Risk Management Center
Copyright © 2007-2008 ChoicePoint Asset Company. All Rights Reserved.