

**Employee/Volunteer Disclosure Statement for Daviess County Youth Soccer**

To be completed by each employee and volunteer who will have direct contact with youth participants

NAME: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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1. Background in Youth Sports (as Coach, Mgr., Official or other type): Add add'l sheet if necessary.
- | Position Held | League/Team Name | Date(s) | City/State |
|---------------|------------------|---------|------------|
|---------------|------------------|---------|------------|

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Previous Residence(s) for the last 5 years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Have you ever been convicted of a crime? If yes, please explain. Use add'l sheets if necessary.

\_\_\_\_\_

\_\_\_\_\_

By signing this application, I hereby verify that the information provided is true and correct. I further certify that I understand that the intent of **Daviess County Youth Soccer** is to deny a position to anyone convicted of a crime of violence or a crime against another person. I understand and agree that **Daviess County Youth Soccer** its affiliates may, in their sole discretion, decline to accept my application for volunteer/staff services with or without cause.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date