



New Jersey Youth Soccer
**EMPLOYMENT/VOLUNTEER
DISCLOSURE STATEMENT**

_____	_____	_____
First Name & Initial	Last Name	Social Security Number
_____	_____	_____
Address	Town	State and Zip code
() _____	() _____	_____
Home Phone	Business Phone	Date of Birth
_____	_____	_____
Coaching License	Referee Grade	State
_____	_____	_____
Drivers License Number	State	Expiration

1. Background in work with youth Position _____ Year(s) _____
2. Experience in soccer Position _____ Year(s) _____
3. Experience in youth soccer Position _____ Year(s) _____
4. Previous residence(s) (for last 5 years) City _____ State _____
5. Have you ever been convicted of a crime or disorderly person offense? If yes, please explain (Use back of form if necessary) Yes No
6. Have you ever been convicted of a crime against a person? If yes please explain (Use back of form if necessary) Yes No

I understand that:

- a. It is the intent of New Jersey Youth Soccer to deny certification to any person who has been convicted of a crime of violence or a crime against a person.
- b. This disclosure statement must be updated at least every year.

_____	_____	_____
Signature	Printed Name	Date

THIS FORM IS TO BE HANDED IN TO YOUR CLUB'S KIDSAFE COORDINATOR