



# SAY Volunteer Application

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

### Applicant Information

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

<sup>(1)</sup>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? | <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If YES then enter Social Security Number:  | <table border="1"> <tr> <td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> |  |  |   |  | - |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | - |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**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