

Volunteer Application

This form is to be used for an individual with the intent to volunteer within the SAY Soccer organization.

Directions:

1. Print Form.
2. Complete (including signature)
3. Return to your SAY Area Volunteer Administrator (SAVA).

Name:				Social Security Number:	
Last	First	Middle initial	(other names used)		
Present Address:	Street				
	City:				
	State:				Zip:
Date of Birth:			<input type="checkbox"/> Male <input type="checkbox"/> Female		
Race		Height		Eye color	
PERSONAL HISTORY					
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 you answered "Yes" to the above question, please provide the details of each conviction or pending conviction below, including DATE (month/year), LOCATION (city, county, state), and NATURE of ALL convictions or pending convictions. Failure to list ALL convictions or pending convictions may be considered a falsification of this application and result in the withdrawal of an offer off the volunteer position. It is not acceptable to substitute "will discuss" for this information.					
Conviction (date, location and nature):					
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Soccer Association for Youth (SAY), at its discretion, may use the above information to conduct a criminal background check. Should a background check be required, volunteer applicant will be presented with a disclosure and authorization form to sign prior to the background check being conducted.

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 the purpose.

Signature _____

Date _____