



New Jersey Youth Soccer

KidSafe Disclosure Statement

_____		_____		_____	
First Name & Initial		Last Name		Social Security Number	
_____			_____		_____
Address (No PO Box Address)			Town		State
_____			_____		_____
() _____	() _____	_____		_____	
Home Phone	Business Phone	_____		Date of Birth	
_____		_____		_____	
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) City _____ State _____
(for last 5 years)
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