EMPLOYMENT/VOLUNTEER DISCLOSURE STATEMENT
BACKGROUND INFORMATION FORM

LEAGUE: _____ CLUB: _____ 'A' LEVEL_____ COACH_____
USYS SOCCER ID#: _____ ASST COACH_____
COACHING LICENSE: _____ "B" LEVEL_____ REFEREE_____
REFEREE GRADE: _____ BOARD MEMBER_____
OTHER_____
(PLEASE SPECIFY)

PLEASE COMPLETE THIS FORM IN INK. FORMS COMPLETED IN PENCIL WILL BE INVALID.

FIRST NAME AND INITIAL	LAST NAME	MAIDEN NAME OR AKA	DOB	M/F

ADDRESS	CITY	STATE	ZIP

HOME PHONE #	BUSINESS PHONE#	E-MAIL ADDRESS

SOCIAL SECURITY #	DRIVERS LICENSE#	ST

1. EXPERIENCE WORKING IN YOUTH SOCCER:

   POSITION (S) _____DATES: _____

   ORGANIZATION NAME: _____

2. EXPERIENCE WORKING WITH YOUTH IN OTHER ORGANIZATIONS:

   POSITION (S): _____DATES: _____

3. LIST AT LEAST TWO (2) PERSONAL REFERENCES (not relatives) THAT WE MAY CONTACT FOR CHARACTER VERIFICATION:

NAME: _____ADDRESS: _____PHONE: _____

NAME: _____ADDRESS: _____PHONE: _____

4. HAVE YOU EVER BEEN CONVICTED OF A CRIME OF VIOLENCE? YES NO
   IF YES, PLEASE EXPLAIN WITH AN ATTACHMENT

5. HAVE YOU EVER BEEN CONVICTED OF A CRIME AGAINST A PERSON? YES NO
   IF YES, PLEASE EXPLAIN WITH AN ATTACHMENT

I UNDERSTAND THAT:

a. Answering "Yes" to any of the above inquiries will require NMYSA to make further inquiries before I will be permitted to begin my activities on it's behalf. It is the intent of USYS and NMYSA to deny certification to any person who has been convicted of a crime of violence or of a crime against a person.
b. In applying for a USYS/NMYS position, the information, which I have furnished, on this form is subject to verification, which may include a criminal history check as well as fingerprinting.
c. This disclosure statement must be updated a minimum of every five (5) years, understanding that my signature below authorizes NMYSA to obtain periodic and possibly reoccurring criminal history checks during the five year period. I understand that some level of certifications require that this disclosure statement must be updated more frequently than the five (5) year period.

AFFILIATION IS CONTINGENT UPON NMYSA'S REVIEW AND APPROVAL OF THIS DISCLOSURE STATEMENT TRUTHFULLY COMPLETED BY ME AND SIGNED. I FURTHER UNDERSTAND THAT IF I AM HIRED OR PERMITTED TO VOLUNTEER, I MAY BE DISCHARGED FOR ANY MISREPRESENTATION OR OMISSION ON THIS DISCLOSURE STATEMENT OR DISCOVERY OF A CRIMINAL HISTORY. I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

_____ _____ _____
SIGNATURE PRINTED NAME **(LEGIBLY, PLEASE)** DATE

PLEASE RETURN FORM TO : 2300 Candelaria NE, Suite 110
Albuquerque, NM 87107