# New Jersey Youth Soccer

**569 Abbington Drive, Suite C, East Windsor, NJ 08520**
**(609) 490-0725 Fax: (609) 490-0731**

## EMPLOYMENT/VOLUNTEER DISCLOSURE STATEMENT

| _____ | _____ | _____ |
|---|---|---|
| **FIRST NAME AND INITIAL** | **LAST NAME** | **SOCIAL SECURITY NUMBER** |
| _____ | _____ | _____ |
| **ADDRESS** | **TOWN** | **STATE AND ZIP CODE** |
| (_____)_____ | (_____)_____ | _____ |
| **HOME PHONE** | **BUSINESS PHONE** | **DATE OF BIRTH** |
| _____ | _____ | _____ |
| **COACHING LICENSE** | **REFEREE GRADE** | **STATE** |
| _____ | _____ | _____ |
| **DRIVER'S 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?** **YES** **NO**
   **If yes, please explain: (use back of form if necessary)**
6. **Have you ever been convicted of a crime against a person?** **YES** **NO**
   **If yes, please explain: (use back of form if necessary)**

**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 two (2) years.**

| _____ | _____ | _____ |
|---|---|---|
| **Signature** | **Printed Name** | **Date** |