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 SAYArea Volunteer Administrator (SAVA).

Name:		ACT III A SECTION AND A SECTION AND A SECTION AND A SECTION AS A SECTI	()	Social Security Number:			
Last	First	Middle initial	(other names used)				
Present Address:	Street						
	City:						
	State:			Zip:			
Date of Birth:			Male 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?							
YES			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 "we discuss" for this information.							
Conviction (date, location and nature):							
Conviction (da	te, location and nature):						
Conviction (da	te, location and nature):						
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							

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.

purpose.			
Signature			
Date			