

## **SAY Volunteer Application**

Please PRINT all information. Fields identified with an (*) are required.							
Applicant Information  *First Name:		MI:		*Last Name:			
			ivii. Last Name.				
*Street Address:(1)						*Years Lived at Current Address:	
*City:			*State:		ı	*ZIP Code:	
*Home Phone:	*Work F	Phone:			*	Date of Birth:	
*Driver License #:			*State Issued:			*Expiration Date:	
(1) If above address is less than five years, please indicate prior address.							
Prior Street Address:						Years Lived at Prior Address:	
City:			State:			ZIP Code:	
Personal History Information							
The following must be completed by all volunteers, new and returning.							
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?							
If <b>YES</b> then enter Social Security Number:							
Returning Volunteer – Check one: My personal history HAS  HAS NOT  changed since last year.							
Notice of Consent to Criminal Background Check							
Soccer Association for Youth (SAY), at its discretion, may use the above information to conduct a criminal background check regardless of the response on "Personal History."							
As an applicant for a SAY volunteer position, I hereby attest to 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 that purpose.							
Signature of applicant						Date	
,			USE (	ONLY			
SAY Area:							
Must be signed if a "YES" response in Per	rsonal Hi	story In	formatio	n.			
Signature of Area Volunteer Administra	tor		Date	-			

SAY Form VA01 (tft)

August 22, 2007