

## **SAY Volunteer Application**

Please PRINT all information. Fields identified with an (*) are required.							
Applicant Information							
*First Name: M			MI: *Last Name:				
*Current Address:				*Years Lived at Current Address:			
*City:			*State:		*ZIP Code:		
*Home Phone:	*Work Phone:		,		*Date of Birt	*Date of Birth:	
*Driver License #:			*State Issued:		*Expiration Date:		
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?							
Returning Volunteer – Check one							
My personal history <b>HAS</b> / <b>HAS NOT</b> 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	
AREA USE ONLY							
SAY Area:							
Must be signed if a "YES" response in P	ersonal H	listory Ir	nformatio	n.			
Signature of Area Volunteer Administ	rator		Date	-			