



# Volunteer Form

## For Coaches & Administrators

Please Check All That Apply:

<input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Team Manager	<input type="checkbox"/> Team Parent <input type="checkbox"/> Referee <input type="checkbox"/> Volunteer
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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender \_\_\_\_\_

Email address \_\_\_\_\_

Preferences (if applicable) :    U6 Coed                    U8 Boys                    U8 Girls                    U10 Boys                    U10 Girls

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. Other experience _____		
5. Have you completed Class 100 @ Christ's Church of the Valley? <input type="checkbox"/> Yes <input type="checkbox"/> No		

I understand that:

A. In applying for a CCV Stars Youth Soccer Club position, the information which I have furnished on this form is subject to verification using the disclosure form on the reverse side of this page, which will include a background check.

B. The CCV Stars Youth Soccer Club reserves the right to deny application to any person for any legitimate reason, including conviction of a crime of violence or a crime against a person.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*Please return this form to the church office or mail to:  
 CCV Stars Soccer Club, Attn: Marlene Chrisbacher, 7007 W Happy Valley Rd, Peoria, AZ 85383.



# DISCLOSURE FORM

Arizona Youth Soccer Association  
2424 W Missouri Ave, Suite #2  
Phoenix AZ 85015

Last Name _____	First Name _____	MI _____
Street Address _____		
City _____	State _____	Zip _____
Home Phone (____) _____	Social Security Number _____ - _____ - _____	Date of Birth _____ / _____ / _____ <small>MO DAY YR</small>
Employer _____	Work Phone(____) _____	
Driver's License # _____	State _____	Expiration Date _____ Male [ ] Female [ ]
Coaching License _____	Referee Grade _____	
Previous residence(s) last 5 years (use back of form if necessary) City _____ State _____		
Background in work with youth: Position _____ Years _____		
Experience in soccer: Position _____ Years _____		

Have you ever been convicted of a crime of violence or a crime against a person?	Yes _____	No _____
Have you ever been convicted of a felony?	Yes _____	No _____
Have you ever been subject to any court order involving sexual, physical or verbal abuse, including, but not limited to, a domestic or protection order?	Yes _____	No _____
Have you ever been adjudged liable for civil penalties or damages involving sexual, physical or verbal abuse?	Yes _____	No _____
Do you have a history of complaints of sexual, physical or verbal abuse?	Yes _____	No _____
Have you ever resigned, been terminated or been asked to resign from any position, paid or unpaid, due to complaint(s) of sexual, physical or verbal abuse?	Yes _____	No _____
Have you used an illegal substance in the past 10 years?	Yes _____	No _____
Do you have a conviction for the use and/or sale of an illegal substance?	Yes _____	No _____
Please explain each yes answer in detail. Use back of form or additional pages as necessary.		

With my signature, I agree that:		
1. In applying for a position, the information which I have furnished on this form is subject to verification, which may include a criminal history check requiring fingerprints.		
2. It is the intent of AYSA to deny certification to any person who has been convicted of a crime of violence or crime against a person or a felony.		
3. As a coach and/or a program administrator, I will abide by Club, League, AYSA, USYSA and FIFA bylaws, rules, regulations, policies and procedures. I further agree that I am accountable for knowing, understanding and following these regulations.		
4. The Disclosure Statement must be updated at least every two (2) years.		
5. By signing this form, I attest that the information provided on this form is accurate and true.		
Print Name _____		
Signature _____		Date _____

for office use only
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