

Radcliff Youth Soccer Association Background Check Disclosure Form



This form must be completed upon initial appointment and every two years thereafter for all Board Members, coaches and assistant coaches and a copy submitted to the Kentucky Youth Soccer State Office.

VOLUNTEER'S INFORMATION

Applicants Applying Will Have A Background Check Performed. This Will Require The Following Information:

| | | |
|---|-------------------|-------------|
| LAST Name: | FIRST Name: | MI |
| Driver's License Number | DOB (mm/dd/yyyy): | Gender: |
| Address: | City: | State: |
| Zip: | Home Phone: | Work Phone: |
| Previous Residence(s) for the past five years (List City, State, and Number of Years) | | |

DISCLOSURE STATEMENT

All applicants must answer the following three questions. Failure to answer honestly will automatically disqualify the applicant from any service in the Radcliff Youth Soccer Association (RYSA). RYSA acceptance of an applicant will be based on guidelines set forth by the Kentucky Youth Soccer Association KIDSAFE: RISK MANAGEMENT POLICY.

1. Have you ever been convicted of a crime of violence? No _____ Yes _____
2. Have you ever been convicted of a crime against another person? No _____ Yes _____
3. Have you ever failed to be re-employed, been voluntarily discharged, been fired, or been asked to resign from any position involving the supervision of minors? No _____ Yes _____

Waiver, Consent and Release of Liabilities

I hereby consent to the investigation and verification of all information given in this application, including searches of law enforcement and public records. I hereby release and agree to hold harmless the Radcliff Youth Soccer Association (RYSA) and its officers and any person or organization that provides information for or to the RYSA concerning my background or any attempt to verify the information provided in this application. I declare that all of the information given by me in this application is true and complete to the best of my knowledge, and I understand that any misrepresentation or omission may be cause for suspension or dismissal from my volunteer status with RYSA. I acknowledge that I have the right to receive a copy of any background check report secured by RYSA. I also agree to the following:

1. I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original. This release is valid for most federal, state and county agencies.
2. I hereby authorize, without reservation, Radcliff Youth Soccer Association to furnish the information described above to an agent (background information services) chosen by RYSA for the purpose of conducting a background check.

I also acknowledge that all information provided on this form will be held in strict confidence, and that the information gathered as part of this program shall not be disseminated, for any purpose, inconsistent with the intent of this program except:

1. In pursuant to an order from a court of law.
2. Upon a specific written request from a public law enforcement agency.
3. Upon a specific written request from a youth sports organization. The response to the request from the youth sports organization shall indicate only whether the individual left the program voluntarily or was disqualified from service.

Signature of Applicant: _____ **Date:** _____

Print Full Name: _____

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| OFFICIAL USE ONLY | Received by (Board member): | Police Department Comments: |
| | Date: | |