



# SAY Volunteer Application Form

Please PRINT all information.

Applicant MUST fill in all → ↓ areas.

FIRST NAME ↓		INITIAL ↓	LAST NAME ↓	
*STREET ADDRESS ↓				
CITY ↓			STATE ↓	Zip ↓
HOME PHONE →	(      )		WORK PHONE →	(      )
DATE of BIRTH ↓			YEARS LIVED AT ABOVE ADDRESS →	
MO.:	DATE:	YEAR:		
DRIVER LICENSE# ↓			STATE ISSUED ↓	EXPIRATION ↓

\*If above address is less than five years, please indicate prior address.

STREET ADDRESS ↓				
CITY ↓			STATE ↓	Zip ↓
HOME PHONE →	(      )		YEARS LIVED AT ABOVE ADDRESS →	

PERSONAL HISTORY ↓			YES	NO
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?				

**NOTE: 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 Soccer Association for Youth (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.

→ \_\_\_\_\_

Applicant Signature Date

## AREA USE ONLY

SAY AREA:

\_\_\_\_\_  
 AREA VOLUNTEER ADMINISTRATOR  
 Must be signed if a "YES" Response

\_\_\_\_\_  
 Date