



OKLAHOMA SOCCER ASSOCIATION
 PO BOX 35174, TULSA, OK 74153 * (800) 347-3590 * oksoccer@oksoccer.com
 www.oksoccer.com



Employment/Volunteer Disclosure Statement

Seasonal Year _____

Please note that this form must be fully completed, or it will be returned.

Social Security Number	Last Name	First Name	Middle Name
Address	City	State	Zip Code
(____) _____ Home Phone	(____) _____ Cell Phone	(____) _____ Work Phone	_____ Date of Birth
Coach. Lic./Yr. Ref. Grade	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Driver's License Number	State
Country	Club	Team Name	
Team Age Group – B / G	Rec. / Comp.	Position (see chart)	E-mail Address

Below: Check answers, sign, and date.

- 1. Have you ever been convicted of a crime of violence? **YES** **NO**
- 2. Have you ever been convicted of a crime against a person? **YES** **NO**
- 3. Have you ever been convicted of any violation of the law other than a minor traffic violation? **YES** **NO**

<i>POSITIONS</i>	
A	= Administrator
AC	= Assistant Coach
AR	= Assistant Referee
C	= Coach
M	= Manager
R	= Referee
T	= Trainer

I understand that:

- a. It is the intent of OSA to deny certification to any person who has plead no contest or been convicted of violence or of a crime against a person or does not meet the requirements set forth in the OSA Risk Management Classification Guidelines.
- b. I hereby certify that all statements made in this application are true, and the information, which I have furnished, on this form is subject to verification, which may include a criminal history check. I agree and understand that any misstatements of the material facts herein will cause forfeiture on my part to volunteer with OSA.
- c. This disclosure statement must be updated every year.
- d. I must abide by the rules of US Youth Soccer, the Oklahoma Soccer Association, and their affiliated organizations and sponsors.
- e. I must abide by the US Youth Soccer and Oklahoma Soccer Association Risk Management policies and procedures including field inspection and goal safety.

DISCLOSURE

As part of the employment/volunteer process, OSA will obtain a criminal background report, which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living.

AUTHORIZATION

During the application process and at any time during the tenure of my employment/volunteer commitment with OSA, I hereby authorize OSA to procure a criminal background report, which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics, or mode of living.

Signature	Printed Name	Date
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*Return original form to the Club Risk Management Coordinator.
 (Forms are to be forwarded by the club to OSA by September 1st in Fall or March 1st in Spring.)*