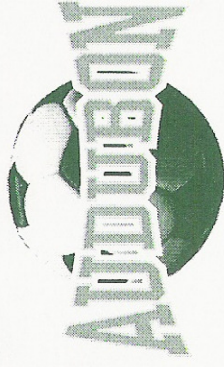




New Jersey Youth Soccer

569 Abbington Drive, Suite C, East Windsor, NJ 08052
(609) 490-7250 Fax: (609) 490-0731



Audubon Soccer Club Coaches Application Form

EMPLOYMENT / VOLUNTEER DISCLOSURE STATEMENT

Age Group you are interested in coaching _____ boys girls (circle one)

FIRST NAME AND INITIAL _____ **LAST NAME** _____ **SOCIAL SECURITY #** _____

ADDRESS _____ **TOWN** _____ **STATE & ZIP CODE** _____

HOME PHONE _____ **BUSINESS PHONE** _____ **DATE OF BIRTH** _____

COACHING LICENSE# _____ **REFEREE GRADE** _____ **STATE** _____

DRIVER'S LICENSE # _____ **STATE** _____ **EXPIRATION** _____

E-MAIL ADDRESS _____

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. Previous residence(s) (for the last 5 years) City _____ State _____ Year(s) _____
City _____ State _____ Year(s) _____

5. Have you ever been convicted of a crime or disorderly person offense? YES NO
6. Have you ever been convicted of a crime against a person? YES NO

I understand that: a. It is the intent of New Jersey Soccer to deny certification to any person who has been convicted of a crime of violence or a crime against a person.
b. This disclosure statement must be updated at least every (2) years.

Signature _____ **Printed Name** _____ **Date** _____