



# New Jersey Youth Soccer

## KidSafe Disclosure Statement

_____		_____		_____	
First Name & Initial		Last Name		Social Security Number	
_____			_____		_____
Address (No PO Box Address)			Town		State
_____			_____		_____
_____	_____	_____		_____	
( )	( )			Date of Birth	
Home Phone		Business Phone			
_____		_____		_____	
Drivers License Number		State		Expiration	
_____		_____		_____	

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)      City \_\_\_\_\_      State \_\_\_\_\_  
(for last 5 years)
5. Have you ever been convicted of a  
crime or disorderly person offense? If  
yes, please explain (Use back of form  
if necessary)       Yes       No
6. Have you ever been convicted of a  
crime against a person? If yes please  
explain (Use back of form if  
necessary)       Yes       No

I understand that:

- a. It is the intent of New Jersey Youth 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 year.

_____	_____	_____
Signature	Printed Name	Date

### THIS FORM IS TO BE HANDED IN TO YOUR CLUB'S KIDSAFE COORDINATOR

Our Club's KidSafe Coordinator shall store this completed form in a secure environment.

The form will not be sent to New Jersey Youth Soccer.