



New Jersey Youth Soccer

KidSafe Disclosure Statement

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

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|---|------------------------------|-----------------------------|
| 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 last 5 years) | City _____ | State _____ |
| 5. Have you ever been convicted of a crime or disorderly person offense? If yes, please explain (Use back of form if necessary) | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you ever been convicted of a crime against a person? If yes please explain (Use back of form if necessary) | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> 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
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THIS FORM IS TO BE HANDED IN TO YOUR CLUB'S KIDSAFE COORDINATOR