



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

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