



# 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

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.