OKLAHOMA SOCCER ASSOCIATION
PO BOX 35174, TULSA, OK 74153 * (800) 347-3590 * oksoccer@oksoccer.com
www.oksoccer.com

Employment/Volunteer Disclosure Statement

Seasonal Year _____

***Please Note*: This form must be fully completed or it will be returned and considered not received. A volunteer may not participate until he/she has a fully completed form on file. It is the club's responsibility to ensure all forms are fully completed and received by OSA each seasonal year.**

Social Security # *(required)* _____ Last Name *(legal)* _____ First Name *(legal)* _____ Middle Name *(legal)* _____

Address _____ City _____ State _____ Zip Code _____ Date of Birth *(required)* _____

Home Phone (_____)_____ Cell Phone (_____)_____ Work Phone (_____)_____ Extension _____

Coach. Lic./Yr. _____ Ref. Grade _____ Gender: M ☐ F ☐ Driver's License Number _____ State _____

Country _____ Club _____ Team Name _____

Team Age Group – B / G _____ Rec. / Comp. _____ Position (see chart) _____ E-mail Address _____

POSITIONS		
A	=	Administrator
AC	=	Assistant Coach
AR	=	Assistant Referee
C	=	Coach
M	=	Manager
R	=	Referee
T	=	Trainer
V	=	Volunteer

Below: Check answers, sign, and date.

1. Have you ever in your entire life been charged with, arrested for, pleaded guilty to or been convicted **of a crime**? You must disclose this requested information even if the charges were dismissed or you were acquitted, the conviction was stayed or vacated, the record sealed or expunged or you were told you need not disclose this information.

YES ☐ If yes, please explain:_____ **NO** ☐

2. Have you ever in your entire life been charged with, arrested for, pleaded guilty to or been convicted of a **crime against a person**? You must disclose this requested information even if the charges were dismissed or you were acquitted, the conviction was stayed or vacated, the record sealed or expunged or you were told you need not disclose this information.

YES ☐ If yes, please explain:_____ **NO** ☐

3. Have you ever in your entire life been charged with, arrested for, pleaded guilty to or been convicted of any violation of the law **other than a minor traffic violation**? You must disclose this requested information even if the charges were dismissed or you were acquitted, the conviction was stayed or vacated, the record sealed or expunged or you were told you need not disclose this information.

YES ☐ If yes, please explain:_____ **NO** ☐

I understand that:

a. It is the intent of OSA to deny certification to any person who has plead no contest or been convicted of violence or of a crime against a person or does not meet the requirements set forth in the OSA Risk Management Classification Guidelines.

b. I hereby certify that all statements made in this application are true, and the information, which I have furnished, on this form is subject to verification, which may include a criminal history check. I agree and understand that any misstatements of the material facts herein will cause forfeiture on my part to volunteer with OSA.

c. This disclosure statement must be updated every year.

d. I must abide by the rules of US Youth Soccer, the Oklahoma Soccer Association, and their affiliated organizations and sponsors.

e. I must abide by the US Youth Soccer and Oklahoma Soccer Association Risk Management policies and procedures including field inspection and goal safety.

DISCLOSURE

As part of the employment/volunteer process, OSA will obtain a criminal background report, which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living

AUTHORIZATION

During the application process and at any time during the tenure of my employment/volunteer commitment with OSA, I hereby authorize OSA to procure a criminal background report, which I understand my include information regarding my character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics, or mode of living.

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

Return form to the Club Risk Management Coordinator. (Forms must be submitted by the club to OSA no later than September 1st - Fall or March 1st - Spring.)