



KidSafe Disclosure Statement and Release Form

I understand that my employment/volunteer position with VYSA or any of its members is contingent upon my truthful completion and VYSA's or any of its members' review of this form. I authorize and understand that VYSA or any of its members will conduct a background check, and may obtain a background report and that I may be requested to provide a set of fingerprints. I understand that I may be immediately discharged for any misrepresentation or material omission on this form. I understand that pending arrest or closed arrest is not an automatic bar to consideration of my application but it is the intent of VYSA or any of its members to deny a position to any person who has been convicted of an offense that VYSA or a VYSA member determines disqualifies that person from providing services to VYSA or a VYSA member. I understand that VYSA or any of its members will take into account the nature of the offense, the date of the offense and the relationship between the offense and the position for which I am applying and any mitigating factors.

Personal Information *(Please Print)*

Name <i>(Legal Name)</i>		Home Phone	
Home Address		Work Phone	
City/State/Zip		Date of Birth	
Employer Name and Address		Social Security Number <i>(is required)</i>	
League/Club/Team Affiliation		Previous club if less than 3 years	
Position Applying For		Age Division	

Disclosure Statement

(Please circle "YES" or "NO" to the following questions)

1. Have you ever been arrested for or convicted of sexual abuse, physical abuse or exploitation of any minor?	YES	NO
2. Are you now using illegal drugs?	YES	NO
3. Are you subject to any civil restraining order or any type of civil action relating to child or domestic abuse or violence?	YES	NO

If you answered yes to any of the above questions, please provide detailed information as to the nature of the offense, the number of separate offenses in question, the date of the offenses, the relationship between the offense and the position for which you are applying and any mitigating factors that should be taken into account. All information on this form will be held in complete confidence.

Signature: _____

Date: _____

Please mail to:

**Kidsafe Coordinator
Vienna Youth Soccer
P.O. Box 993
Vienna, VA 22183**