This form can be filled in using Acrobat. Tab to move to the next field. Please print and mail or drop off at the recreation center or bring to one of the registrations.

Position Code_____

Division_____

Coach **V**olunteer
Assistant Coach **R**eferee

CCSL
P. O. Box 373
Manchester, TN 37355

EMPLOYMENT/VOLUNTEER DISCLOSURE STATEMENT

Coach selection will be based on level of Coaching License and years of experience.
Each team will have one Head Coach and no more than two assistants.

_____ _____ _____
FIRST NAME AND INITIAL LAST NAME SOCIAL SECURITY NUMBER

_____ _____ _____
ADDRESS CITY STATE ZIP CODE

_____ _____ _____
HOME PHONE BUSINESS PHONE DATE OF BIRTH

_____ _____ GENDER ____ M ____ F
COACHING LICENSE REFEREE GRADE

_____ _____ _____
DRIVER'S LICENSE NO. STATE EXPIRATION

_____
NAME OF CHILD YOU WILL BE COACHING

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 _____
(Use the back of form if necessary)

5. Have you ever been convicted of a crime of violence? YES NO
If yes, please explain: (Use the back of form if necessary)

6. Have you ever been convicted of a crime against a person? YES NO
If yes, please explain: (Use the back of form if necessary)

I understand that:

a. It is the intent of COFFEE COUNTY SOCCER LEAGUE to deny certification to any person who has been convicted of a crime of violence or of a crime against a person.
b. In applying for COFFEE COUNTY SOCCER LEAGUE position, the information, which I have furnished, on this form is subject to verification, which may include a criminal history check.
c. This disclosure statement must be updated yearly.

_____ _____ _____
Signature Printed Name Date