



**MAGIC CITY SOCCER CLUB**  
**EMPLOYEE/VOLUNTEER DISCLOSURE STATEMENT**

DATE \_\_\_\_\_

Please fill out the following in ink completely and legibly.

FIRST NAME \_\_\_\_\_ INITIAL \_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ GENDER M / F

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION \_\_\_\_\_

COACHING LICENSE \_\_\_\_\_ REFEREE GRADE \_\_\_\_\_

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 the last 5 years: City \_\_\_\_\_ State \_\_\_\_\_ Year(s) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Year(s) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Year(s) \_\_\_\_\_

5. Have you ever been convicted of a crime of violence? Yes No  
If yes, please explain. Use the back of the 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 the form, if necessary.

I understand that:

- a. It is the intent of US YOUTH SOCCER to deny certification to any person who have been convicted of a crime of violence or of a crime against a person.
- b. In applying for a US YOUTH SOCCER position, the information which I have furnished on this form is subject to verification, which may include a criminal history check.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Return to: Magic City Soccer Club, P.O. Box 22522, Billings, MT 59104**