



**ARLINGTON SOCCER ASSOCIATION
ADULT COACH/VOLUNTEER REGISTRATION APPLICATION**

SEASONAL/SCHOOL YEAR _____

Personal Information

Name _____

Street Address _____

City _____ State _____ ZIP _____

Phone: Home _____ Work _____

ASA Club Affiliation Arlington Travel Soccer Club

Previous soccer affiliation if less than 3 years in ASA _____

(Circle appropriate answer)

Positions: Coach Asst. Coach Referee Volunteer

Current Team: _____ Boys Girls Coed

Age U- 9 10 11 12 13 14 15 16 17 19

Coaching License (highest level)

None

VYSA: F E D USSF National: C B A Youth

NSCAA: Nat'l Diploma Adv. Nat'l Diploma Nat'l Youth Diploma

State Diploma Regional. Diploma Adv. Reg. Diploma

KIDSAFE CERTIFICATION

PLEASE READ, COMPLETE AND SIGN **KIDSAFE CERTIFICATION** ON REVERSE SIDE. INCOMPLETE OR UNSIGNED REGISTRATION APPLICATIONS WILL NOT BE ACCEPTED. THIS DATA ON THE REVERSE SIDE OF THIS REGISTRATION FORM WILL BE KEPT IN ABSOLUTE CONFIDENTIALITY BY ARLINGTON SOCCER ASSOCIATION AND MUST BE UPDATED ANNUALLY.

CONFIDENTIAL KIDSAFE CERTIFICATION

KidSafe is a risk management program designed to foster safe circumstances for every person, and especially every child, who participates in a US Youth Soccer affiliated activity including the programs of the Virginia Youth Soccer Association and the Arlington Soccer Association. It is a program to inform all US Youth Soccer volunteers and employees concerning the risks associated with youth programs.

Name _____

Date of Birth _____

Social Security # _____ Drivers License # _____

Employer & Employer Address _____

Please circle "Yes" or "No" To The Following Questions:

Have you every been arrested for or convicted of sexual abuse, physical abuse, or exploitation of any minor?
Yes No

Are you now using illegal drugs? Yes No

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 below or on a separate sheet 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.

VOLUNTEER APPLICATOIN AND DISCLOSURE STATEMENT

I understand that my volunteer position with the Arlington Soccer Association (ASA) or any of its member clubs is contingent upon my truthful completion and ASA's or any of its member club's review of this form. I authorize and understand that ASA may obtain a criminal history 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 a pending arrest or a closed arrest is not an automatic bar to consideration of my application but it is the intent of ASA or its member clubs to deny a position to any person who has been convicted of sexual abuse, physical abuse, or exploitation of any minor. I understand that ASA or any of its member clubs 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.

Signature

Date