

Employee/Volunteer Disclosure Statement for

Kyle Sports for Special Needs



To be completed by each employee and volunteer who will have direct contact with youth participants.

NAME:			
	State:		
Social Security ∦:		Date of Birth:	
Driver's License ∦:	State:	Expiration Dat	te:
Cell Phone #:	Em	Email Address:	
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1. Background in	Youth Sports (as Coach, Mgr., Officia	l or other type): Use additio	nal sheet if necessary.
Position Held	League/Team Name	Date(s)	<u>City/State</u>
2 Previous Resid	dence(s) for the last 5 years:		
2. 110,100,010,00			
3. Have you ever	been convicted of a crime? If yes, p	lease explain. Use addition	al sheets if necessary.

By signing this application, I hereby verify that the information provided is true and correct. I further certify that I understand that the intent of MSC Kyle Sports for Special Needs is to deny a position to anyone convicted of a crime of violence or a crime against another person. I understand and agree that MSC Kyle Sports for Special Needs its affiliates may, in their sole discretion, decline to accept my application for volunteer/staff member with or without cause.