Employee/Volunteer Disclosure Statement for Philadelphia Athletics Youth Sports Assoc

To be completed by	each employee and volunteer who	will have direct conta	act with youth participants
NAME:			
City:	ST:	ZIP: _	
Social Security #:		Date of Birth:	
Driver's License #: _		State:	Exp. Date:
Background in Y necessary.	outh Sports (as Coach, Mgr., Offic	ial or other type): Us	e additional sheet if
Position Held	League/Team Name	Date(s)	City/State
		75-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
2. Previous Residen	ce(s) for the last 5 years:		
44.			
3. Have you ever be	en convicted of a crime? If yes, ple	ease explain. Use add	'I sheets if necessary.
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certify that I underst position to anyone coagree that Philadel	ication, I hereby verify that the infitand that the intent of Philadelph onvicted of a crime of violence or a phia Athletics Youth Sports Assapplication for volunteer/staff serv	ia Athletics Youth starting against anothe soc its affiliates may	Sports Assoc is to deny a person. I understand and y , in their sole discretion,
Signature	Printed Name		Date