

Employee/Volunteer Disclosure Statement for Knights Athletic Booster Association

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

NAME: _____

Street Address: _____

City: _____ ST: _____ ZIP: _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ State: _____ Exp. Date: _____

1. Background in Youth Sports (as Coach, Mgr., Official or other type): Add add'l sheet if necessary.

Position Held	League/Team Name	Date(s)	City/State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Previous Residence(s) for the last 5 years:

3. Have you ever been convicted of a crime? If yes, please explain. Use add'l 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 Knights **Athletic Booster** is to deny a position to anyone convicted of a crime of violence or a crime against another person. I understand and agree that **Knights Athletic Booster** its affiliates may, in their sole discretion, decline to accept my application for volunteer/staff services with or without cause.

Signature

Printed Name

Date