

NORTH FORT WORTH ALLIANCE SOCCER ASSOCIATION

COACH, ASSISTANT COACH, TEAM VOLUNTEER FORM

LAST NAME: FIRST: MI:

E-MAIL ADDRESS:

CELL PHONE:

Address & Phone:

STREET:

CITY: STATE: ZIP:

HOME PHONE: WORK PHONE:

SEX: BIRTH DATE:

SOCIAL SECURITY NUMBER:

D.L. ID #: STATE: EXPIRES:

COACHING LICENSE: LIC. #: DATE:

DIVISION: TEAM NAME:

Important: A copy of your drivers license must be included.

**NORTH TEXAS SOCCER (NTSSA) AND AFFILIATES
COACH / REFEREE / VOLUNTEER / STAFF APPLICATION**

CHILD ABUSE STATEMENT

North Texas State Soccer Association, Inc. (NTSSA) and its affiliates have a great deal of concern about the safety and abuse of children. As a person who is interested in the wellbeing of children, we believe you are entitled to know how our organization is combating this critical issue. In addition, as an applicant for a volunteer/staff position with our organization, you need to know the defensive measures we employ to protect children in our care, as well volunteers/staff, from this serious problem.

We will not tolerate the abuse of any child. We are aware that some people apply for positions in the youth services field because they are interested in children sexually. We make an active and, we believe, effective effort to prevent child sexual abuse in our programs. We attempt to screen out molesters through a careful background check. We structure our activities so that volunteers/staff are not left alone with children. We periodically interview children about their experiences in our program, and encourage open discussion of their problems. We take any allegations by children and others very seriously, and refer allegations to the State law enforcement authorities for investigation in which we fully cooperate.

NTSSA is a very risky place for molesters to attempt to abuse children. In addition, the safeguards built into our activities protect volunteers/staff from being in situations that might be misinterpreted by children and others.

CERTIFICATION / CONSENT FOR CRIMINAL BACKGROUND CHECK / AUTHORIZATION / WAIVER / RELEASE / INDEMNITY

I certify that all of my statements on this application, the information provided, and attachments hereto, are true and complete to the best of my knowledge. I also certify that I have not withheld any information that would affect my application unfavorably, if disclosed. I understand that any omission of facts or misrepresentation will result in my elimination from consideration for any volunteer or staff position with North Texas State Soccer Association, Inc. (NTSSA) or its affiliates or, following acceptance of service, may be cause for the immediate termination of my relationship with NTSSA or its affiliates. I further certify that I understand the intent of NTSSA is to deny a position to anyone convicted of a crime of violence or a crime against another person.

I acknowledge that NTSSA or its affiliates will, and I hereby give my unconditional permission to NTSSA and its affiliates to, inquire as deemed necessary into my prior employment, experience, relationships with others and background, including criminal background checks which may contain arrest and conviction data, plea bargains and deferred adjudications. I give my permission for the North Texas State Soccer Association, Inc to obtain information relating to my criminal history record from a background check vendor and/or licensed private investigator. I understand that this information will be used, in part, to determine my eligibility for an employment / volunteer position(s) with this organization. I also understand that as long as I remain an employee or volunteer here, the background history checks may be repeated at any time. I understand that a procedure is available for clarification and that I will have an opportunity to review the criminal history if I dispute the record as received.

I hereby waive any right to assert that such investigation or request constitutes an invasion of my privacy. I recognize that such inquiries are in the interests of all persons involved in NTSSA activities, and I fully consent to such investigations. I, the undersigned, for myself, my heirs, executors, administrators, and representatives, do hereby remise, release and forever discharge and agree to indemnify and hold harmless any involved background check vendor and/or licensed private investigator, North Texas State Soccer Association, Inc. (NTSSA), its directors, officers, employees, volunteers, agents and representatives, its affiliates and sponsors, and their directors, officers, employees, volunteers, agents and representatives, as well as any third parties, if any, that NTSSA or its affiliates contact, directly or indirectly, regarding my application to, or future services with, NTSSA or its affiliates, from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

I further agree to conform to the rules, regulations, and policies of NTSSA and its affiliates and I understand that my service/employment and compensation, if any, can be modified or terminated, with or without notice or cause, at any time, at the option of either NTSSA and its affiliates, or myself. I understand that no representative of NTSSA has the authority to enter into any agreement for service/employment for any specified period of time, or to make any agreement contrary to the foregoing. I understand and agree that NTSSA or its affiliates may, in their sole discretion, decline to accept my application for volunteer/staff services with or without cause.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CERTIFICATION / CONSENT FOR CRIMINAL BACKGROUND CHECK / AUTHORIZATION / WAIVER / RELEASE / INDEMNITY, AND THAT I ACCEPT AND SIGN THIS FORM VOLUNTARILY.

Signature of Applicant

Date

Please Print Name

NTS-RM-1 (2/03)

PLEASE INCLUDE A COPY OF YOUR DRIVERS
LICENSE IN THIS PLACE. THANK YOU!!!!!!

MAIL ALL TO:

NFWASA

ATTN: COACHING DIRECTOR

PO BOX 163282

FORT WORTH, TX 76161