



ABYSA TOP Soccer Volunteer Registration

Legal First Name: _____ **Date of Birth:** _____
Legal Last Name: _____ **Home Phone:** _____
Street Address: _____ **Work Phone:** _____
City: _____ **Place of Employment:** _____
State: _____ **Driver's License State:** _____
Zip Code: _____ **Driver's License Number:** _____
Cell Phone: _____ **E-mail:** _____
Gender: _____ **Last 4 Digits of your SSN:** _____

- 1) Do you use illegal drugs? Yes _____ No _____
- 2) Have you ever been convicted of a criminal offense ? Yes _____ No _____
- 3) Have you ever been charged with neglect, abuse, or assault? Yes _____ No _____
- 4) Has your driver's license ever been suspended or revoked in any state? Yes _____ No _____

List 2 non-family references:

Name	Relationship	Address or Phone Number
1) _____	_____	_____
2) _____	_____	_____

PLEASE READ BEFORE SIGNING-I understand that:

- The information that I have provided my be verified and I gave permission to ABYSA to make inquiry of others concerning my suitability to act as a TOPSoccer volunteer;
- In the course of volunteering for ABYSA, I may be dealing with confidential information and agree to keep said information in the strictest of confidence;
- The relationship between ABYSA and volunteers is an 'at will' arrangement, and may be terminated at any time without cause by either the volunteer or by ABYSA.
- I grant ABYSA permission to use my likeness, voice, and words in television, radio, film, or in any form to promote activities of TOPSoccer.

Signature of TOPSoccer Volunteer _____
Date

Signature of Parent or Guardian if TOPSoccer Volunteer is a Minor _____
Date