



REQUEST FOR LIVSCAN

SAN FRANCISCO YOUTH SOCCER

TEAM NAME: _____

TEAM GENDER & AGE: B G U- _____

TEAM ID (if known): _____

State of California Certified Small Business Number: 1596560

State of California
REQUEST FOR LIVSCAN SERVICE
CLS 8016 (4/13)
Applicant SubmissionAFTER LIVE SCAN, RETURN
COMPLETED FORM TO SFYS OFFICE
Mail/Drop @ 1434 Taraval, SF 94116 or
Scan/Email to info@sfyouthsoccer.com**Capital Live Scan**
Keeping Our Communities Safe One Fingerprint at a TimeHQ Office # (877) 888-8802 x6
www.capitallivescan.com

CONTRACT CODE

GAJRAgency Name: California Youth Soccer Association
Cal North

Mail Code: 15687

Address: 1040 Serpentine Lane, #201
Pleasanton, CA 94566

* PRINT LEGAL NAME OF PERSON FINGERPRINTED

LEGAL LAST Name: _____

LEGAL FIRST Name: _____

Nickname or Goes By: _____ Suffix: _____

Date of Birth (MM/DD/YYYY): _____ Male Female

VALID PHOTO ID Type*: _____ ID # _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

PRIMARY HOME ADDRESS Street #: _____

Street Name: _____ Unit #: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Mobile: _____

APPLICATION TYPE (check one)

 Volunteer Employee

JOB TITLE (check all applicable)

 Coach Trainer Volunteer Manager or Team Parent

LEVEL OF SERVICE

 DOJ**OCA : DISTRICT 01 - LEAGUE 08 - CLUB 02**CLS _____
Transmitting Agency

Name of LiveScan Operator _____ LSID # _____ Date _____

ATI No: _____

If Resubmission, list original ATI Number: _____

NOTE: There is no charge due to authorized Capital LiveScan vendors at time of scan. After scan, turn in this completed form and \$20 to SFYS*** WHAT TO BRING TO YOUR APPOINTMENT**To be LiveScan fingerprinted you will need to provide this completed form and a **CURRENT VALID PHOTO ID**.

Examples of acceptable identification are:

- California Driver's License
- California Identification
- Valid out-of-state Driver's License
- Military Identification
- Passport
- Resident Alien Card
- Immigration Card
- Green Card

I request to be fingerprinted so I may qualify to volunteer for or be employed by California Youth Soccer Association (CalNorth) or operate under contract with one of our affiliate organizations. I also certify that I have no physical illness or impairment which will make participation in soccer-related activities dangerous to me. I understand that in requesting and being fingerprinted I may be disqualified or terminated ("Fail") for volunteering or employment if, according to the guidelines approved by the Board of Directors, the results of the background check and the review process shows evidence of moral turpitude, dishonesty or fraud to such a degree as to cause the Board concern for the wellbeing of those who would be associated with me as a volunteer or employee.

I understand that I am required to complete the CalNorth 1650 Form - Risk Management Disclosure and Agreement that outlines the complete policies and procedures pertaining to my request to be fingerprinted under the CalNorth Risk Management Program.

I declare under Penalty of Perjury under the laws of the State of California that the information that I have furnished on this form is true and correct to the best of my knowledge.

Signature _____

Date: _____