

Cal North Soccer Live Scan Form



CONTRACT CODE: GAJR

Applicant Must Complete The Section Below (Print in CAPITAL LETTERS)

JOB TITLE : Coach Board Member Referee Volunteer

Applicant:

Last Name: _____ Date of Birth: _____
 First Name: _____ Gender: _____
 Middle Name: _____ Eye Color: _____
 Suffix: _____ Hair Color: _____
 CDL Or ID #: _____ Height: _____
 Alias: _____ Weight: _____

Home Address:

Street Address: _____ Apt #: _____
 City: _____ State: _____ Zip: _____

OCA / Your Number:

0	8	0	7	0	1
District Number		League Number		Club Number	

I request to be fingerprinted so I may qualify to volunteer for or be employed by California Youth Soccer Associating (Cal North) 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') from 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 to be concerned for the well-being of those who would be associated with me as a volunteer.

I understand that I am required to complete the Cal North 1650 Form - Risk Management Disclosure and Agreement that outlines the complete policies and procedures pertaining to my request to be fingerprinted under the Cal North 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: _____

Live Scan Agency Name

Live Scan ID (LSID)

Date

Name of Operator

ATI Number

OATI (Resubmission Only)

Questions?

For information, locations or appointments please visit our website: www.capitallivescan.com
 For NON SAMS locations please use ORI#AE689 Or email us at: soccer@capitallivescan.com

