



Last Name	First Name/Middle Initial	Maiden Name
Street Address	City	State Zip Code
Home Phone	Work Phone	Gender (Male/Female)
Driver's License Number	State Issued & Expiration Date	Date of Birth
Social Security Number or Registration # if not a US Citizen	Previous Residence (s) for the Past 5 Years (City, State)	
Have you ever been convicted of a violent crime? ____ Yes (Explain on back) ____ No		
Have you ever been convicted of a crime against another person? ____ Yes (Explain on back) ____ No		
Background in work with youth:	Position	# Year(s)
Background in Sports :	_____	
Background in working with youth in Sports:	_____	

I, the undersigned, understand and agree to the following:

1. It is the intent of Spring Lake Sports League, Lincolnshire, to deny certification or participation in any of Spring Lake Sports League's programs to any person who has been convicted of a crime of violence or a crime against a person.
2. Falsification of information on this disclosure statement may be grounds to deny certification and participation in any of Spring Lake Sports League's programs.
3. This disclosure statement shall be deemed to have continuing validity unless I have been convicted within the preceding year of a violent crime or a crime against a person. In such case, I shall resubmit an updated Volunteer Disclosure Statement.
4. In applying for any position within Spring Lake Sports League's Board of Directors, Commissioner, Coach, or Assistant Coach, I hereby authorize the release of records pertaining to any criminal and domestic abuse history. This authorization is given in connection with a background investigation, which may be conducted relative to my application. Any information obtained in a background check will be considered in determining my suitability for the position for which I am applying. In the event my application is disapproved on the basis of a background check, the sources of confidential information cannot be revealed to me. Further, I agree to indemnify and hold harmless Spring Lake Sports League, its agents and Board Members, and person to whom this request is presented, as well as her/his agents from and against all claims, damages, losses and expenses, including attorney's fees arising out of or by reason of compliance with this request.

Signature _____ Printed Name _____ Date _____

Director Initials: _____

Mail with Registration Form
or give to your Sport's Commissioner or Director

VOLUNTEER DISCLOSURE STATEMENT