



Employment/Volunteer Disclosure Statement

Seasonal Year 20__ - 20__

*Please Note: This form must be fully completed or it will be returned and considered not received.
A volunteer may not participate until he/she has a fully completed form on file.
It is the club's responsibility to ensure all forms are fully completed and received by OSA each seasonal year.*

(required)
Last Name (legal): _____

First Name (legal): _____

Middle Name (legal): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth (required): ___/___/____ (mm/dd/YYYY)

Home Phone (required): (____) _____

Cell Phone (required): (____) _____

Work Phone Extension: (____) _____

E-mail Address (required): _____

Gender (required): M / F

Club Name: **TULSA UNITED SOCCER CLUB (TUSC)**

Team Name: **BLITZ UNITED** _____

Team Age Group: U _____ B / G Rec. / Comp.

Position (required): (see chart below) _____ ; _____

POSITIONS

- | | |
|------------------------|----------------|
| A = Administrator | T = Trainer |
| AC = Assistant Coach | TR = Treasurer |
| AM = Assistant Manager | V = Volunteer |
| AR = Assistant Referee | |
| C = Coach | |
| M = Manager | |
| R = Referee | |