



West Virginia Soccer Association

A MEMBER OF THE UNITED STATES SOCCER FEDERATION AND THE UNITED STATES YOUTH SOCCER ASSOCIATION

Risk Management Disclosure Statement and Release Form

Kidsafe is a Risk Management Program designed to foster safe circumstances for every person, and especially every child, who participates in a US Youth Soccer affiliated activity. It is a program to inform all WVSA personnel and WVSA members concerning the risks associated with our youth soccer programs. This form will be kept in absolute confidentiality by WVSA or each of its respective members and will be updated annually.

Personal Information	
Full Name <i>(Legal Name)</i>	
Address	
City/State/Zip	
Home Phone	Work Phone
E-mail Address	
Date of Birth	
Social Security Number	
Driver's License Number and State	
Employer	
Employer Address	
WVSA/League/Club/Team Affiliation	
Previous Affiliation if less than 3 years	
Current Position	

Disclosure Statement

Please circle "YES" or "NO" to the following questions

1. Have you ever been arrested for or convicted of sexual abuse, physical abuse, or exploitation of any minor?	YES	NO
2. Are you now using illegal drugs?	YES	NO
3. Are you subject to any civil restraining order or any type of civil action relating to child or domestic abuse or violence?	YES	NO

If you answered yes to any of the above questions, please provide detailed information as to the nature of the offense, the number of separate offenses in question, the date of the offenses, the relationship between the offense and the position for which you are applying and any mitigating factors that should be taken into account.

Release

I understand that my position with WVSA or any of its members is contingent upon my truthful completion and WVSA's or any of its members' review of this form. I authorize and understand that WVSA or any of its members will conduct a background check and may obtain a background report and that I may be requested to provide a set of fingerprints. I understand that I may be immediately discharged for any misrepresentation or material omission on this form. I understand that pending arrest or closed arrest is not an automatic bar to consideration of my application, but it is the intent of WVSA or any of its members to deny a position to any person who has been convicted of sexual abuse, physical abuse or exploitation of any minor or any offense that WVSA or a WVSA member determines disqualifies that person from providing services to WVSA or a WVSA member. I understand that WVSA or any of its members will take into account the nature of the offense, the date of the offense and the relationship between the offense and the position for which I am applying and any mitigating factors.

Please Sign and Date

Signature

Date

This letter should be used when taking adverse action

Notice of Duty to Review Criminal Record

CONFIDENTIAL

-To Be Opened by Addressee ONLY-

Date

Applicant
Address

Dear Applicant:

We regret to inform you that based on our personnel selection criteria, we are unable to consider you further for a position with [(WVSA) or (WVSA member name)]. This decision was made in part from the information we received from [(VolunteerSelect.com) or (name of approved vendor used by WVSA member)]. The report was prepared by [(VolunteerSelect.com) or (name of approved vendor used by WVSA member)] pursuant to an authorization signed by you at the time of application with [(WVSA) or WVSA member]. [(VolunteerSelect.com) or (name of approved vendor used by WVSA member)] does not make these decisions and is unable to provide you with the specific reason for them. Enclosed is a copy of that report.

If you have any questions regarding this report or believe that it may contain incorrect information, you may contact [(VolunteerSelect.com) or (name of approved vendor used by WVSA member)] and they will respond to your inquiry. You have the right to dispute with [(VolunteerSelect.com) or (name of approved vendor use by WVSA member)] the accuracy or completeness of any information in the report. [(VolunteerSelect.com) or (name of approved vendor used by WVSA member)] can be reached at _____

Any individuals whose services are rejected by [(WVSA) or (name of the WVSA member)] as a result of information received from the background check may appeal such decision to the [(WVSA Appeals and Disciplinary Committee) or (the name of the appeals body of the WVSA member)] if the individual believes the decision was based on inaccurate background information.

Sincerely,

Risk Management Coordinator

This letter is to be used when explanation is requested

**Letter to Request Explanation of
Information Found on Background Check**

CONFIDENTIAL

-To Be Opened By Addressee ONLY-

Date

Individuals Name

Individuals Address

Individuals City State Zip

Dear Individual:

As required, [(WVSA) or (name of the WVSA member)] has done a background check on you. That background check revealed a record that warrants further explanation.

The record involved is the following:

List the Offense

Please provide your explanation about the record to the [(WVSA State Office) or (name of the WVSA member)] Address not later than (two weeks from the date of the letter) so that [(WVSA) or (the WVSA member)] may determine how to proceed in this matter.

Your explanation can be mailed, faxed, or emailed as follows:

Mail: [Insert WVSA State Office or the WVSA Member
Address]

Fax: Fax Number

E-Mail: E-Mail Address

Thank you for your prompt attention to this matter.

Sincerely,

Risk Management Coordinator

West Virginia Soccer Association

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WVSA Risk Management Compliance Form

_____ is in
Name of Member Organization

compliance with the WVSA Risk Management Policy for the

_____ seasonal year.
August 1 of one year through July 31 of the next year

Signature of President

Date

Signature of Risk Management Coordinator

Date

Please mail or fax this form by November 1 to
WVSA

**West Virginia Soccer Association
CONFIDENTIALITY POLICY**

As a director, officer, volunteer, or staff member of the West Virginia Soccer Association (WVSA), I understand that I may receive confidential or inside information from time to time on present or proposed policies, programs, activities, or transactions of WVSA. I also understand that use or disclosure of the existence of the endeavor, or of any confidential information about it, may jeopardize the success of the endeavor and/or harm or disadvantage WVSA.

I recognize my fiduciary obligation to act in the best interests of WVSA, and I agree not to disclose or use confidential and inside information that I receive or obtain about WVSA in my capacity as a director, officer, volunteer, or staff member of WVSA.

Understood and agreed by:

Legal Name (Please Print)

Title, Office or Position

Signature

Date