



SAN FRANCISCO YOUTH SOCCER

REQUEST FOR LIVESCAN

TEAM NAME: _____

TEAM GENDER: B G TEAM BIRTH YEAR OR GRADE _____

TEAM ID (if known): _____

State of California Certified Small Business Number: 1596560

State of California REQUEST FOR LIVESCAN SERVICE CLS 8016 (4/13) Applicant Submission

AFTER LIVE SCAN, RETURN COMPLETED FORM TO SFYS OFFICE Mail/Drop @ 1434 Taraval, SF 94116 or Scan/Email to info@sfyouthsoccer.com

Capital Live Scan logo and contact info: HQ Office # (877) 888-8802 x6 www.capitallivescan.com

CAPITAL LIVESCAN CONTRACT CODE GAJR

* PRINT LEGAL NAME OF PERSON FINGERPRINTED

Agency Name: California Youth Soccer Association Cal North
Mail Code: 15687
Address: 1040 Serpentine Lane, #201 Pleasanton, CA 94566
ORI Code: AE689

LEGAL LAST Name: _____
LEGAL FIRST Name: _____
Nickname or Goes By: _____ Suffix: _____
Date of Birth (MM/DD/YYYY): _____ Male Female

APPLICATION TYPE (check one)
Volunteer [x] Employee []

VALID PHOTO ID Type*: _____ ID # _____
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

JOB TITLE (check all applicable)
Coach [] Trainer [] Volunteer []
Manager or Team Parent []

PRIMARY HOME ADDRESS Street #: _____
Street Name: _____ Unit #: _____
City: _____ State: _____ Zip Code: _____

LEVEL OF SERVICE
DOJ [x]

Email: _____ Mobile: _____
OCA : DISTRICT 01 - LEAGUE 02 - CLUB 01

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. You must return a completed copy of this form 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: _____