



**OCYSA COACHING APPLICATION & BACKGROUND CHECK  
YOUTH LEADER REQUEST  
PURSUANT TO KRS 17.160**

**Organization:** Oldham County Youth Soccer Asso. (OCYSA)  
**Address:** P.O. Box 801, Crestwood, KY 40014  
**Contact Person:** Dave Bryant, OCYSA Risk Management Coordinator  
**Phone Number:** (502) 777-6179 **Email:** Dave.Bryant@goqualityCheck.com  
**Tax Exempt Number:** D18588

**OCYSA KIDSAFE PROGRAM**

<b>PLEASE PRINT OR TYPE INFORMATION CLEARLY</b>	
<b>Social Security Number:</b>	
<b>Date of Birth:</b>	
<b>Full Name:</b>	
<b>Maiden or Alias Name:</b>	
<b>Current Street Address/ P.O. Box:</b>	
<b>City, State, Zip Code:</b>	

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
 (OCYSA reserves the right to determine the suitability of any individual for coaching)



**The Background Check Process**

The records requested will be returned to the OCYSA Risk Management Coordinator either in a separate addressed envelope or through email. Each person on whom a Background Check has been requested is provided the results in order that individuals get to see the results of their Background Check. If you have any questions regarding the results of your Background Check, especially accuracy, please contact:

KY Administrative Office of the Courts  
 Pretrial Services at (800) 928-2350.



## OCYSA KIDSSAFE PROGRAM

### OCYSA Coaching Information:

<b>Coach Name:</b>	
<b>Address:</b>	
<b>City, State, ZIP:</b>	
<b>Home Phone:</b>	
<b>Cell Phone:</b>	
<b>Email:</b>	

**Team Name:** \_\_\_\_\_

**Age Group:** \_\_\_\_\_

What state did you live in for the last 6 months? \_\_\_\_\_

List in chronological order with dates, other states that you have lived in over the last 10 years? \_\_\_\_\_

Have you ever been removed or restricted from youth coaching in any sport?  
(Yes or No)

Have you ever been convicted of a violent crime?  
(Yes or No)

Do you have any convictions involving drugs?  
(Yes or No)

Do you have any convictions that involve physical or sexual abuse?  
(Yes or No)

Do you have any convictions as a sex offender?  
(Yes or No)

***I pledge that the information that I am providing is true & accurate, and if false, I understand that I may not be able to serve as an OCYSA volunteer.***

Signed \_\_\_\_\_ Date: \_\_\_\_\_

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