



**AMERICAN YOUTH SOCCER ORGANIZATION
SECTION DIRECTOR APPOINTMENT REQUEST**

As a PDF, this is a fillable form. Download, save it to your computer, fill it out, save again. It can then be added as an attachment to be sent up the chain-of-command.

Section:	Section Director Change <input type="radio"/>	Section Director Reappointment <input type="radio"/>
Term start date (first of month)	Term of Office: <input type="radio"/> 1 year	<input type="radio"/> 2 years <input type="radio"/> 3 years
Name:	ADMN ID:	
Address:	Risk Status Expiration:	
City/State/Zip:	Cell Phone:	
email:	Home Phone:	

Checklist: If any items are unchecked, please explain below in the box provided and what the plan is for completion*

- Election took place; Term of Office has been approved by the **Policies and Protocols** for the Section.
- I am currently registered, and background checked – Risk Status Green. *CA-Live Scan Complete.*
- I have completed **AYSO’s Safe Haven Certification** and **Safe Sport** training.
- I have completed the **CDC Concussion** and **Sudden Cardiac Arrest (SCA)** training as my state requires and/or per AYSO policy.
- I have read and understand the **SD Position Description** and have had/will have an orientation from a National Board member.
- I have read and signed the **Conflict-of-Interest Policy Statement (COI)** and it is attached.
- I agree to operate by the **Policies and Protocols** of the Section.
- I agree to attend **AYSO** meetings including the Section’s **AYSO EXPO** and the **National Annual General Meeting (NAGM)**.
- I agree to fill the appropriate Section Board positions, ensure all are currently registered, background checked and, take appropriate training.
- I agree to attend National Board of Directors meetings as invited and provide input to the National Board of Directors on a regular basis.

***Explanation of unchecked boxes:**

I agree to support AYSO programs and perform the duties of SD within the parameters of the Position Description and understand that I am subject to the organization’s Philosophies, Bylaws, Policies, Rules & Regulations, and Fiduciary Responsibilities.

Section Director Nominee Name(print): _____

Signature: _____ Date: _____

Sign and date above. Send to your Board Liaison for signature.

APPROVALS

Board Liaison: I, as Board Liaison, to the Section, have verified that the nomination of the above-named person as Section Director is consistent with the Organization’s Bylaws, Rules, Regulations, Policies and Philosophies.

Board Liaison Name (print): _____

Signature: _____ Date: _____

Sign and date above. Send to AYSO Office.

Please email to: emappt@ayso.org

Office Use Only:

Nat’l Sec’y approval and date: _____