



**AMERICAN YOUTH SOCCER ORGANIZATION
AREA 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:	Area:	Area Director Change <input type="radio"/>	Area 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		Yrs as AD:
Name:	ADMIN 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 **Area's Policies and Protocols** or by the Regional Commissioners.
- 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 **AD Position Description** and had/will have an orientation meeting with my Section Director.
- 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** reviewed with my Section Director.
- I agree to attend **AYSO** meetings including the **Section EXPO** and the **National Annual General Meeting (NAGM)**.
- I agree to attend the first available **Area Director Training** as soon as possible after my appointment as AD.
- I agree to fill the appropriate Area Board positions, ensure all are currently registered, and take appropriate trainings.

***Explanation of unchecked boxes or term of less than 3 years:**

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

Area Director Nominee Name (print): _____

Signature: _____ Date: _____

Sign and date above. Send to your Section Director for signature.

APPROVALS

Section Director: I, as Section Director, have verified:

- (1) The above-named candidate has been properly nominated by the Area's Regional Commissioners.
- (2) The nomination is consistent with the Policies and Protocols.

Section Director Name (print): _____

Signature: _____ Date: _____

Sign and date above. Send to the AYSO Office.

Please email to: emappt@ayso.org

Office Use Only:

Nat'l Sec'y approval date: _____