



**AMERICAN YOUTH SOCCER ORGANIZATION
REGIONAL COMMISSIONER 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: | Region: | Commissioner Change <input type="radio"/> | Commissioner 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 RC: | | | | |
| 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 **Policies and Protocols** for our Region.
- 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 **RC Position Description** and had/will have an orientation meeting with my Area 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 by my Area Director and Section Director.
- I agree to budget for and attend my local **AYSO EXPO** and the **National Annual General Meeting (NAGM)**.
- I agree to budget for and take **Regional Commissioner Training (RCT)** as soon as possible after my appointment as RC.
- I agree to fill the required Regional Board positions, ensure all are currently registered, background checked, and take appropriate training.

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

I agree to support AYSO programs and perform the duties of RC 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.

Regional Commissioner Nominee Name (print): _____

Signature: _____ Date: _____

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

APPROVALS

Area Director: I, as Area Director, have verified:

- (1) The above-named candidate has been properly nominated by the Regional Board.
- (2) The nomination is consistent with the Standard Policies & Protocols, which I have reviewed and approved.

Area Director Name (print): _____

Signature: _____ Date: _____

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

Section Director: I, as Section Director, have verified with the Area Director that the above statements are accurate.

Section Director 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 _____ date: _____