



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 ☐	Area Director Reappointment ☐
Term Start Date (first of month)	Term of Office*: ☐ 1 year ☐ 2 years ☐ 3 years Yrs as AD:		
Name:		ADMIN ID:	
Address:		Risk Status Expiration Date:	
City/State/Zip:		Cell Phone:	
AYSO Communication 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 training.
- ☐ 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 **Mission, Vision, Philosophies, Bylaws, Policies, Rules & Regulations, and Fiduciary Responsibilities**.
- ☐ I understand that as an Area Director I am a **fiduciary of AYSO** and that my fiduciary obligations include being responsible for my Area's and Regions' finances and assets.

* Explanation required for any of the following: Unchecked checklist items; term of less than three years; or appointment before the current Executive Member's term expires. For early appointments, please explain the reason for the change (e.g., resignation, replacement, or other circumstances).

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: _____