



**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 ☐	Commissioner Reappointment ☐
Term start date (first of month)			Term of Office*: ☐ 1 year ☐ 2 years ☐ 3 years Yrs as RC:	
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 **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.
- ☐ I agree to support AYSO programs and perform the duties of the RC 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 a Regional Commissioner I am a **fiduciary of AYSO** and that my fiduciary obligations include being responsible for my Region's 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).

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: _____