



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

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: _____

Date: _____