

Pop Warner Little Scholars, Inc.

Official Volunteer Application (Complete BOTH Pages) Do NOT use forms from previous years.

PLEASE NOTE: A copy of a valid government-issued photo identification must be attached to this application.

Legal Name: _____	Date: _____	Special professional training, skills, hobbies: _____
Prior/Maiden Names or Aliases: _____		
Address: _____		Community affiliations (Clubs, Service Organizations, etc.): _____
Telephone: _____	Email: _____	
City: _____	State: _____	Zip: _____
Mailing Address (if different): _____		Previous/current volunteer experience (e.g. baseball/softball and years): _____
Previous states resided in the past 5 years: _____		Do you have children in the program? YES _____ NO _____
		If yes, at what level? _____
Date of Birth: _____ (mm / dd / yyyy)		Special Certification (i.e. CPR, Medical, etc.): _____
Social Security Number: _____		Have you ever been charged with or convicted of a felony? YES _____ NO _____
Occupation: _____		If yes, provide your current legal status (parole, etc.) _____
Employer: _____		Have you ever been convicted of any crime involving or against a minor? YES _____ NO _____
Address: _____		Have you ever plead guilty to, been convicted of or involved with any other type of crime? YES _____ NO _____
Do you have a valid driver's license? YES _____ NO _____		Have you ever been refused participation in any other youth programs? YES _____ NO _____
Driver's License#: _____	State: _____	
		If YES to ANY of the above, explain: _____ _____ _____

In which of the following would you like to participate? ("X" one or more.)

League Official: _____	Head Coach: _____	Board Member: _____	Equipment Manager: _____	Assist. Coach: _____
Team Mom: _____	Coach Trainee: _____	Trainer: _____	Student Demo: _____	
Other: _____				

Association Name: _____

Privacy Policy: Your privacy is important to us. PWLS does not sell or release contact information to any non-affiliated organization. However, Pop Warner and its partners may contact you with essential program information as well as special offers and promotions. Please be advised that partners are not permitted to retain your information for non-Pop Warner use unless you specifically grant them permission. Please contact the PWLS National Office in writing for opt out information.

Pop Warner Little Scholars, Inc.

Official Volunteer Application. (Page 2) Do NOT use forms from past years. (Complete BOTH Pages)

PLEASE NOTE: A copy of a valid government-issued photo identification must be attached to this application.

<u>Name:</u>	<u>Nature of Relationship:</u>	<u>Phone #:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted as a volunteer, Pop Warner may end the relationship immediately if I have made any false statements or material misrepresentations, written or verbal. As a condition of volunteering, I hereby grant permission to Pop Warner to conduct a background check on me, which may include a review of database records including but not limited to sex offender registries, child abuse and criminal history records in compliance with Pop Warner's child protection policy. I understand and agree that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Pop Warner, Pop Warner Little Scholars, Incorporated, the officers, employees and volunteers thereof, and/or any other person or organization that may provide such information.

I also understand that, regardless of previous appointments, Pop Warner is not obligated to appoint me to a volunteer position. I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for any and all violations of Pop Warner policies or principles. Furthermore, I hereby attest that all contact information provided herein is up to date and I hereby grant Pop Warner Little Scholars, Inc. and its partners permission to utilize such contact information for communications and promotions during my tenure as a volunteer.

Binding Arbitration Policy:

If appointed, I hereby understand and agree that any and all civil disputes by and between myself, Pop Warner and any and all affiliated parties will be subject to binding arbitration in the locale of the Pop Warner Little Scholars, Inc. National Office in Langhorne, PA in accordance with Pennsylvania law under the guidelines and rules of the American Arbitration Association. I hereby agree that this binding arbitration shall be in lieu of any litigation by and between myself, Pop Warner and any and all affiliated parties. If any portion of this application shall be deemed unenforceable or invalid, this arbitration agreement shall still remain in full force and effect.

<u>Applicant Signature</u>	<u>Date</u>
_____	_____

Applicant Name (Print or Type): _____

NOTE: Pop Warner Little Scholars, Inc. will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

For Local Use Only. Below please print the **legal name** of the individual who performed the background check on the applicant and name of the local organization.

Background check completed by Association officer: _____
or _____

Background check completed by League officer: _____
or _____

completed by: _____ Date Completed: _____

System(s) used for background check (minimum of one must have "X"):

Online multistate database: _____ State/Federal Criminal History Records: _____ FEDERAL Sex Offender Registry _____ Other (please explain): _____
(Choicepoint, etc.)

****NOTE:** A State Sex Offender Registry check alone is NOT sufficient to comply with Article 21 and MUST be supplemented by one or more of the above.

LEAGUES: You must maintain copies of background check results at the league level for the duration of the volunteer's service.