Coaches Code of Conduct

As a coach in Southern Connecticut Pop Warner I understand that there are certain rules and conduct standards that I must follow at all times. I understand my failure to abide by these rules and standards may result in my suspension or dismissal from Pop Warner.

As a coach I have read and accepted Pop Warner’s coaches’ code of conduct.

- I will accept the decision of referees and judges as final
- I will refrain from the use of profanity towards any participant
- I will not tolerate the use of profanity whether it is toward a coach, player, opponent, or league official.
- I will accept the decisions of my Board and be their spokesperson to my team and parents.
- I will notify my Board of any potential coach/participant or coach/participant altercations which could be harmful to the League.
- I will refrain from smoking or use of alcohol around practice or game fields. I understand my violation may result in fine or suspension of my duties.
- I will not tolerate the use of alcohol or anyone under the influence of alcohol around participants.
- I will attend all required coaching clinics
- I will appoint a coach to assist the opponent’s record keeper with Mandatory Play.
- I recognize that my main duties are coaching and not administrative, but I will ensure that parents are aware of messages from the Board and that all appropriate paperwork has been received.
- I understand and accept that no player should be allowed to participate in practice, scrimmage, or game sessions without proper equipment or appropriate medical clearance.
- I will not use my authority as a coach to allow a participant to have special treatment, whether related to myself, other coaches, or personal friends.
- I have reviewed and understand all the rules and regulations for SCPW.
- I will not tolerate any degradation of teammates, officials or opponents.
- I will designate one of my coaches to work with late arrivals to insure steady progress towards joining the main team.
- I will review with participants and send home a copy of specific team rules.

I, __________________________________________ accept the above rules as written and will do my best to abide by them Signed

(Coach): _______________________________

Date: _________________ Association: ______________________________
HFFCA Head Coaching Rider

This document is being provided as a supplement to the Coaches Code of Conduct document and is designed to delineate additional requirement for the coaching position in which the candidate is agreeing to;

Upon accepting this position, you are agreeing to the following:

Head coaches will be required maintain a status of Member in Good Standing as defined in the bylaws adopted Jan 2018

Head coaches will be required to attend regularly scheduled and emergency league meetings unless the subject of the meeting is determined to not be relevant to their area of responsibility.

Any head coach who fails to attend 3 consecutive meetings as defined above and has not notified President, Executive Vice President, Director of Football Operations or Director of Cheerleading Operations will be subject to review for removal by the Executive Board.

Head coaches will be required to conduct a minimum of three (3) fundraising events, the breakdown to be as follows:

Two (2) League sponsored fundraising events - Scope to be determined by Director of Fundraising

One (1) Discretionary fundraising event – Scope to be determined by team and approved by Director of Fundraising

Head coaches are required to participate in off season activities, example, registration events, camps, clinics, etc

Name:

________________________________________________________

Date: _____________________________
Background Screening Consent/Release

I

_____________________________  ______________________________
First Name                                          Last Name

Understand that as a condition of volunteering, I hereby grant permission to Hamden Fathers Football and Cheerleading Association 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.

SS#  ______________________________

Signature  ___________________________________
Pop Warner Little Scholars, Inc.
2018 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: __________________________ Email: __________________________

Address: __________________________________________________________ City: __________________________ State: ______ Zip: ______

Telephone: __________________________ Email: __________________________ Special Certification (i.e. CPR, Medical, etc.): __________________________

Previous/current volunteer experience (e.g. baseball/softball and years): __________________________

Mailing Address (if different): __________________________________________

Do you have children in the program? YES ________ NO ________

If yes, at what level? __________________________

Have you ever been charged with or convicted of a felony? YES ________ NO ________

If yes, provide your current legal status (parole, etc.) __________________________

Have you ever been convicted of any crime involving or against a minor? YES ________ NO ________

Have you ever plead guilty to, been convicted of or involved with any other type of crime? YES ________ NO ________

Have you ever been refused participation in any other youth programs? YES ________ NO ________

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


Team Mom: ________ Coach Trainee: ________ Trainer: ________ Student Demo: ________

Other: ________

Association Name: ________ Capital City Steelers

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

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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.

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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: ________________________
- Background check completed by **League** officer: ________________________
- 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): ________

**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.