

Pop Warner Little Scholars, Inc.

2020 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: _____ Previous/current volunteer experience (e.g. baseball/softball and years): _____

Mailing Address (if different): _____

Previous states resided in the past 5 years: _____ Do you have children in the program? YES _____ NO _____

Date of Birth: _____ If yes, at what level? _____

(mm / dd / yyyy)

Social Security Number: _____ Special Certification (i.e. CPR, Medical, etc.): _____

Occupation: _____ Have you ever been charged with or convicted of a felony? YES _____ NO _____

Employer: _____ If yes, provide your current legal status (parole, etc.) _____

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

Do you have a valid driver's license? YES _____ NO _____ Have you ever plead guilty to, been convicted of or involved with any other type of crime? YES _____ NO _____

Driver's License#: _____ State: _____ Have you ever been refused participation in any other youth programs? YES _____ NO _____

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.

Official 2020 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.

_____ Applicant Signature	_____ Date
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.