



OFFICIAL VOLUNTEER APPLICATION

Please Note: A copy of a valid government-issued photo identification must be included with this application.

In which of the following roles would you like to volunteer? Select all that apply:

- Head coach Assistant coach Coach trainee Student demonstrator Team administrator
- Equipment manager League official Board member Other

Legal Name: _____ Birthdate (mm/dd/yyyy): _____

Prior/Maiden Names or Aliases: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone No: _____ Email: _____

Other Address (if any): _____

Previous states resided in in the past 5 years: _____ Social Security Number: _____

Occupation: _____ Employer: _____

Employer Address: _____

Do you have a valid driver's license? YES NO Driver's License No.: _____ State: _____

Special professional training, skills, hobbies:

Community affiliations (clubs, service organizations, etc.):

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

Special certifications (i.e. CPR, medical, etc.): _____

Do you have children? YES NO If YES, are they currently participating in Pop Warner? YES NO

If applicable, what age levels are your children in Pop Warner? _____

Have you ever been charged 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

If YES to ANY of the above, explain:



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Please provide three personal references

Name:	Nature or Relationship:	Phone No.:
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby attest that all information provided on this application is true and complete. If I am accepted as a volunteer, Pop Warner may end the relationship immediately if I have made any false statements or material misrepresentations. As a condition of volunteering, I hereby grant permission for 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 Pop Warner Little Scholars, Incorporated, its affiliated leagues and associations, 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

Today's Date

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.

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: _____

Date Completed: _____ What type of organization do you represent: YES NO

System(s) used for background check (minimum of one must be selected):

Online multistate database (i.e. JDP, Sterling) State/Federal Criminal History Records

Federal Sex Offender Registry Other If 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.