

Official 2009 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.

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): \_\_\_\_\_

Do you have children in the program? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, at what level? \_\_\_\_\_

Previous states resided in the past 5 years: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
 (mm / dd / yyyy)

Special Certification (i.e. CPR, Medical, etc.): \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
 Have you ever been convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, provide your current legal status (parole, etc.) \_\_\_\_\_

Occupation: \_\_\_\_\_  
 Have you ever been convicted of any crime involving or against a minor? YES \_\_\_\_\_ NO \_\_\_\_\_

Employer: \_\_\_\_\_  
 Have you ever plead guilty to, been convicted of or involved with any other type of crime? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have a valid driver's license? YES \_\_\_\_\_ NO \_\_\_\_\_

Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been refused participation in any other youth programs?  
 If yes, explain: YES \_\_\_\_\_ NO \_\_\_\_\_

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: \_\_\_\_\_

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.

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Please list three references, aside from family members, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name:

Nature of Relationship:

Phone #:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:  
(Choicepoint, etc.)

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 MIUST 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.**