



# 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.