Pop Warner Little Scholars, Inc. 2024

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 A	Aliases:				
Address:			Community affiliations (Clubs, Service Organization	ons, etc.):	
Telephone:	Email:				
City:	State:	Zip:	Previous/current volunteer experience (e.g. basebal	ll/softball	and years):
Mailing Address (if diffe	erent):				
			Do you have children? Yes		No
Previous states resided in	n the past 5 years:		If yes, at what level?		
Date of Birth:			Special Certification (i.e. CPR, Medical, etc.):		
(mm	/dd/yyyy)		Have you ever been charged or convicted of a felony?	YES	NO
Social Security Number:	:	_	If yes, provide your current legal status (parole, etc.)		
Occupation:			Have you ever been convicted of any crime involving or against a minor?		
Employer:			<u> </u>	YES	NO
Address:			Have you ever plead guilty to, been convicted of or involved with any other type of crime		
				YES	NO
Do you have a valid driv	ver's license? YES	NO	Have you ever been refused participation in any other yo	outh progra	ıms?
Driver's License#:		State:	_	YES	NO
			If YES to ANY of the above, explain:		
	_	cipate? ("X") one or more.)			
		Board Member:			
	Coach Trainee:				
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.

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Name:	Nature of Relationship:	<u>Phone #:</u>
immediately if I have made any false conduct a background check on me, whistory records, in compliance with Poreceiving no inappropriate information affiliated leagues and associations, the I also understand that, regardless of prexpiration of my term, I am subject to principles. Furthermore, I hereby attest permission to utilize such contact infor Binding Arbitration Policy: If appointed, I hereby understand are subject to binding arbitration in the law under the guidelines and rules of	statements or material misrepresentations. As nich may include a review of database records in p Warner's child protection policy. I understan on my background. I hereby release and agree to officers, employees and volunteers thereof, and revious appointments, Pop Warner is not obligate suspension by the President and removal by that all contact information provided herein is unmation for communications and promotions durant datagree that any and all civil disputes by and locale of the Pop Warner Little Scholars, In the American Arbitration Association. I her and any and all affiliated parties. If any po	e. If I am accepted as a volunteer, Pop Warner may end the relationship a condition of volunteering, I hereby grant permission for Pop Warner to including but not limited to sex offender registries, child abuse and criminal did and agree that, if appointed, my position is conditional upon the league of hold harmless from liability Pop Warner Little Scholars, Incorporated, its for any other person or organization that may provide such information. The Board of Directors for any and all violations of Pop Warner policies or p to date and I hereby grant Pop Warner Little Scholars. Inc. and its partners ing my tenure as a volunteer. The between myself, Pop Warner and any and all affiliated parties will be c. National Office in Langhorne, PA in accordance with Pennsylvania reby agree that this binding arbitration shall be in lieu of any litigation rtion of this application shall be deemed unenforceable or invalid, this
Applicant Sig	gnature	Date
Applicant Name (Print or Type)		
	not discriminate against any person on the basis of race,	creed, color, national origin, marital status, gender, sexual orientation or disability.
or Local Use Only. Below please prin	the legal name of the individual who performe	ed the background check on the applicant and name of the local organization.
ackground check completed by Associa	tion officer:	
or ackground check completed by <u>League</u> or	officer:	
ompleted by:	Date Completed:	
	System(s) used for background check (mi	nimum of one must have "X"):
nline multistate database:(Sterling Volunteers)	State/Federal Criminal History Records:	FEDERAL Sex Offender Registry Other (please explain):
		ith Article 21 and MUST be supplemented by one or more of the above. the league level for the duration of the volunteer's service.