

Pop Warner Little Scholars, Inc.

Official 2010 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: _____ Previous/current volunteer experience (e.g. baseball/softball and years): _____

Mailing Address (if different): _____

Do you have children in the program? YES _____ NO _____

Previous states resided in the past 5 years: _____ If yes, at what level? _____

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 _____

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

Employer: _____ *Have you ever been convicted of **any** crime involving or against a minor? 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 driver's license? YES _____ NO _____ If yes, explain: _____

Driver's License#: _____ State: _____

*Have you ever been refused participation in any other youth program(s)? YES _____ NO _____ If yes, explain: _____

*If any or all of the answers to these questions is found to be partially or wholly untrue, it may result in immediate dismissal as indicated in the signature portion of this application.

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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Official 2010 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.

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:

| <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/association 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.

Dispute Resolution 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. I also understand and agree that if I contest any decision or ruling of Pop Warner and lose, that I will reimburse Pop Warner for all legal fees and expense it reasonably incurs. If any portion of this application shall be deemed unenforceable or invalid, the remainder shall retain 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): _____
(Lexis Nexis' Volunteer Select Plus, etc.)

**** NOTE:** A State Sex Offender Registry check alone is NOT sufficient to comply with Article 21. It 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.