Pop Warner Little Scholars, Inc. 2023 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 Name	es or Aliases:				
Address:			Community affiliations (Clubs, Service Organizati	ons, etc.):	
Telephone:	Email:				
City:	State:	Zip:	Previous/current volunteer experience (e.g. baseba	ll/softball	and years):
Mailing Address (if	different):				
			Do you have children? Yes		No
Previous states resid	ded in 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 Nun	nber:		If yes, provide your current legal status (parole, etc.)		
Occupation:			Have you ever been convicted of any crime involving or	r against a 1	minor?
Employer:			<u>_</u>	YES	NO
Address:			Have you ever plead guilty to, been convicted of or invo	olved with a	any other type of crime
				YES	NO
Do you have a valid	driver's license? YES	NO	Have you ever been refused participation in any other you	outh progra	ms?
Driver's License#:		State:	<u>_</u>	YES	NO
			If YES to ANY of the above, explain:		
In which of the follow	wing would you like to partic	ipate? ("X") one or more.)			
League Official	Head Coach:	Board Member:	Equipment Manager: Assist. Coach:		
Team Mom:	Coach Trainee:	Trainer:	Student Demo:		
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.

Pop Warner Little Scholars, Inc. 20223Official Volunteer Application (Complete BOTH Pages) Do NOT use forms from previous years.

Name:	Nature of Relationship:	Phone #:
mmediately if I have made any conduct a background check on raistory records, in compliance w	false statements or material misrepresentations. As ne, which may include a review of database records in ith Pop Warner's child protection policy. I understant	e. If I am accepted as a volunteer, Pop Warner may end the relation a condition of volunteering, I hereby grant permission for Pop War including but not limited to sex offender registries, child abuse and crient and agree that, if appointed, my position is conditional upon the l
		to hold harmless from liability Pop Warner Little Scholars, Incorporat I/or any other person or organization that may provide such informatio
expiration of my term, I am subj principles. Furthermore, I hereby	ect to suspension by the President and removal by the	gated to appoint me to a volunteer position. I understand that, prior he Board of Directors for any and all violations of Pop Warner policip to date and I hereby grant Pop Warner Little Scholars. Inc. and its paring my tenure as a volunteer.
law under the guidelines and ru by and between myself, Pop W arbitration agreement shall stil	lles of the American Arbitration Association. I he	nc. National Office in Langhorne, PA in accordance with Pennsylereby agree that this binding arbitration shall be in lieu of any litigortion of this application shall be deemed unenforceable or invalidation. Date
	_	Bute
Applicant Name (Print or T		
MOTE: D W I '441. C.11 I	: Will not discriminate against any person on the pasts of race.	, creed, color, national origin, marital status, gender, sexual orientation or disability
		ad the heakground check on the applicant and name of the local organ
or Local Use Only. Below please	e print the legal name of the individual who performe	ed the background check on the applicant and name of the local organ
or Local Use Only. Below please ackground check completed by <u>A</u> or	e print the legal name of the individual who performessociation officer:	ed the background check on the applicant and name of the local organ
or Local Use Only. Below please ackground check completed by A or ackground check completed by L	e print the legal name of the individual who performessociation officer:	ed the background check on the applicant and name of the local organ
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or Local Use Only. Below please ackground check completed by A or ackground check completed by L	e print the legal name of the individual who performs ssociation officer: eague officer: Date Completed: System(s) used for background check (mi	ed the background check on the applicant and name of the local organi

LEAGUES: You must maintain copies of background check results at the league level for the duration of the volunteer's service.