

Pop Warner Little Scholars, Inc

SOUTHERN CALIFORNIA CONFERENCE

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.

First Name:
Last Name: Date:

Prior/Maiden Names or Aliases:

Address:

Telephone: Email:

City: State: Zip:

Mailing Address (if different):

Previous states resided in the past 5 years:

Date of Birth:
(mm / dd / yyyy)

Social Security Number: **NOT REQUIRED - DO NOT PROVIDE**

Occupation:

Employer:

Address:

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

Driver's License#: State:

Cheer: Football: Division:

Special professional training, skills, hobbies:

Community affiliations (Clubs, Service Organizations, etc.):

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

Years:

Do you have children in the program? YES NO

If yes, at what level?

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

Have you ever been 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?

If yes, explain: YES NO

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? ("V" one or more.)

- | | | | | |
|---|--|--|---|---|
| League Official: <input type="checkbox"/> | Head Coach: <input type="checkbox"/> | Board Member: <input type="checkbox"/> | Equipment Manager: <input type="checkbox"/> | Assistant Coach: <input type="checkbox"/> |
| Team Manager: <input type="checkbox"/> | Coach Trainee: <input type="checkbox"/> | Trainer: <input type="checkbox"/> | Team Photographer: <input type="checkbox"/> | Student-Demo: <input type="checkbox"/> |
| Squad Manager: <input type="checkbox"/> | Other: <input type="checkbox"/> <input type="text"/> | | | |

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

Official Volunteer Application (Page 2) Do NOT use forms from previous 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:

Name:	Nature of Relationship:	Phone #:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

<input type="text"/>	<input type="text"/>
Applicant Signature	Date

Applicant Name (Print or Type): <input type="text"/>	Association: <input type="text"/>
--	-----------------------------------

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): _____
(Choicepoint, etc.)

**** 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.