

# 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): \_\_\_\_\_

Previous states resided in the past 5 years: \_\_\_\_\_ Do you have children in the program? YES \_\_\_\_\_ NO \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm / dd / yyyy) If yes, at what level? \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Special Certification (i.e. CPR, Medical, etc.): \_\_\_\_\_

Occupation: \_\_\_\_\_ \*Have you ever been convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_

Employer: \_\_\_\_\_ If yes, provide your current legal status (parole, etc.) \_\_\_\_\_

Address: \_\_\_\_\_ \*Have you ever been convicted of **any** crime involving or against a minor? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have a valid driver's license? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain: YES \_\_\_\_\_ NO \_\_\_\_\_

Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_

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

\*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: \_\_\_\_\_ Chains: \_\_\_\_\_ Trainer: \_\_\_\_\_ Committee Chairperson: \_\_\_\_\_  
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.**

Mail Completed application to Central Arkansas Pop Warner PO Box 25848 Little Rock AR 72221

# Pop Warner Little Scholars, Inc.

## 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.