Pop Warner Little Scholars, Inc.

2021 Official Volunteer Application (Complete BOTH Pages) Do NOT use forms from previous years.

Legal Name:	Name: Date:		Special professional training, skills, hobbies:			
Prior/Maiden Names or /	Aliases:					
Address:				Community affiliations (Clubs, Service Organizations, etc.)): 	
Telephone:						
City:		ate:				
Mailing Address (if differ	rent):					
				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:				Special Certification (i.e. CPR, Medical, etc.):		
	(mm / dd / yyyy)			Have you ever been charged with 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 a	gainst a minor?	
Employer:				<u> </u>	YES	NO_
Address:				Have you ever plead guilty to, been convicted of or involved		
Do you have a valid drive	er's license?	/ES	NO	Have you ever been refused participation in any other you	YES	NO_
			State:		. •	NO
Driver's License#:	_		State.	If YES to ANY of the above, explain:	YES	NO_
ı which of the followi	ng would you like to partici	pate? ("X	" one or more.)			
League Official:	Head Coach:	Boa	rd Member:	Equipment Manager.	Assist. Coach:	
Team Mom:	Coach Trainee:		Trainer:			
						
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	PLEASE NOTE: A copy of a valid governmen	tt-issued photo identification must be attached to the	is application.
Name:	Nature of Relationship:		Phone #:
made any false statements or material misrepres database records including but not limited to sex conditional upon the league receiving no inappro	sentations, written or verbal. As a condition of volun offender registries, child abuse and criminal history	teering, I hereby grant permission to Pop Warner to co records in compliance with Pop Warner's child protecti se and agree to hold harmless from liability the local Po	unteer, Pop Warner may end the relationship immediately if I have bridge a background check on me, which may include a review of on policy. I understand and agree that, if appointed, my position is op Warner, Pop Warner Little Scholars, Incorporated, the officers,
and removal by the Board of Directors for any and		Furthermore, I hereby attest that all contact information	expiration of my term, I am subject to suspension by the President provided herein is up to date and I hereby grant Pop Warner Little
Warner Little Scholars, Inc. National Office in	Langhorne, PA in accordance with Pennsylvan and between myself, Pop Warner and any and	ia law under the guidelines and rules of the Ameri	will be subject to binding arbitration in the locale of the Pop can Arbitration Association. I hereby agree that this binding on shall be deemed unenforceable or invalid, this arbitration
Applica	ant Signature		Date
Applicant Name (Print or Type):			
		eed, color, national origin, marital status, gender, sexua	l orientation or disability.
For Local Use Only. Below please print the Background check completed by Association	•	I the background check on the applicant and nam	ne of the local organization.
or Background check completed by <u>League</u> of	ficer:		
or or completed by:		Date Completed:	
	System(s) used for backgro	und check (minimum of one must have "X"):	
Online multistate database: (Choicepoint, etc.)	State/Federal Criminal History Records:	FEDERAL Sex Offender Registry	Other (please explain):
**N	OTE: A State Sex Offender Registry check alone is N	NOT sufficient to comply with Article 21 and MUST be	supplemented by one or more of the above.
LEAG	UES: You must maintain copies of background c	heck results at the league level for the duration of the	he volunteer's service.