Pop Warner Little Scholars, Inc. 2024 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 Names or | Aliases: | | | | | |
| Address: | | | Community affiliations (Clubs, Service Organization | ions, etc.) |): | |
| Telephone: | Email: | | | | | |
| City: | State: | Zip: | Previous/current volunteer experience (e.g. baseba | ıll/softbal | l and years): | |
| Mailing Address (if diffe | erent): | | | | | |
| | | | Do you have children? Yes | | No | |
| Previous states resided in | n 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 Number: | : | | If yes, provide your current legal status (parole, etc.) | | | |
| Occupation: | | | Have you ever been convicted of any crime involving o | Have you ever been convicted of any crime involving or against a minor? | | |
| Employer: | | | | YES | NO | |
| Address: | | | Have you ever plead guilty to, been convicted of or invo | olved with | any other type of crime | |
| | | | | YES | NO | |
| Do you have a valid driv | ver's license? YES | NO | Have you ever been refused participation in any other you | outh progr | rams? | |
| Driver's License#: | | State: | | YES | NO | |
| | | | If YES to ANY of the above, explain: | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| In which of the following | would you like to participat | re? ("X") one or more.) | | | | |
| League Official | Head Coach: | Board Member: | Equipment Manager: Assist. Coach: | | | |
| | Coach Trainee: | Trainer: | | | | |
| | | | | | | |
| 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.

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| | Please provide three p | | |
|--|---|--|---|
| Name: | Nature of Relationship: | Phone #: | |
| | | | |
| | | | |
| immediately if I have made any conduct a background check on material in the conduct a background check on material in the conduct a background check on material in the conduct in the conduction in the conducti | on provided on this application is true and compliance statements or material misrepresentations. The provided a review of database recordith Pop Warner's child protection policy. I under ation on my background. I hereby release and agos, the officers, employees and volunteers thereof, of previous appointments, Pop Warner is not of previous appointments. | As a condition of volunteering, I hereby grands including but not limited to sex offender regretand and agree that, if appointed, my position ree to hold harmless from liability Pop Warner and/or any other person or organization that matching the bligated to appoint me to a volunteer position by the Board of Directors for any and all viola | t permission for Pop Warner to gistries, child abuse and criminal in is conditional upon the league Little Scholars, Incorporated, its ay provide such information. I understand that, prior to the tions of Pop Warner policies or |
| | information for communications and promotions | | tie Scholars. Inc. and its partners |
| subject to binding arbitration i law under the guidelines and ru | nd and agree that any and all civil disputes by n the locale of the Pop Warner Little Scholars les of the American Arbitration Association. | s, Inc. National Office in Langhorne, PA in a I hereby agree that this binding arbitration s | accordance with Pennsylvania shall be in lieu of any litigation |
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