Pop Warner Little Scholars, Inc.

2019 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:	Name: Date:		Special professional training, skills, hobbies:		
Prior/Maiden Names or Aliases:					
Address:			Community affiliations (Clubs, Service Organizations, etc.):		
Telephone:	Ema	il:			
City:	State: Zip:				
Mailing Address (if different):					
			Do you have children in the program?	YES	NO
Previous states resided in the pas	t 5 years:		If yes, at what level?		
Date of Birth:(mm / dd / y			Special Certification (i.e. CPR, Medical, etc.):		
(mm / dd / <u>)</u>	/ууу)		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 against a minor?		
Employer:			_	YES	NO
Address:			Have you ever plead guilty to, been convicted of or involved with any other type of crime?		
Do you have a valid driver's licens	xe? VE	S NO	Have you ever been refused participation in any other you	YES	NO
-					NO
Driver's License#:		State:	If YES to ANY of the above, explain:	YES	NO
n which of the following woul eague Official:			Equipment Manager.	Assist. Coach:	
Team Mom: Coa					
ssociation Name:					
			ntact information to any non-affilaited organization. Howev	or Bon Warner and it	te nartnore may

Pop Warner Little Scholars, Inc. Official 2019 Volunteer Application. (Page 2) Do NOT use forms from past years. (Complete BOTH Pages)

	PLEASE NO	DTE: A copy of a valid government-issued photo	o identification must be attached to this a	application.
Name:		Nature of Relationship:		Phone #:
made any false statements or material misre database records including but not limited to	oresentations, written sex offender registrie opropriate information	or verbal. As a condition of volunteering, I hereby es, child abuse and criminal history records in com on my background. I hereby release and agree to	grant permission to Pop Warner to condu- pliance with Pop Warner's child protection p	eer, Pop Warner may end the relationship immediately if I have ct a background check on me, which may include a review of policy. I understand and agree that, if appointed, my position is Warner, Pop Warner Little Scholars, Incorporated, the officers,
and removal by the Board of Directors for an	y and all violations of	•	hereby attest that all contact information pro	iration of my term, I am subject to suspension by the President vided herein is up to date and I hereby grant Pop Warner Little
Warner Little Scholars, Inc. National Offic	e in Langhorne, PA n by and between m	in accordance with Pennsylvania law under t	he guidelines and rules of the American	I be subject to binding arbitration in the locale of the Pop Arbitration Association. I hereby agree that this binding shall be deemed unenforceable or invalid, this arbitration
Appl	icant Signature			Date
Applicant Name (Print or Type):				
•	U	any person on the basis of race, creed, color, natio	e	-
		of the individual who performed the backgro		
Background check completed by Associ	ation officer:			
- · · ·				
Background check completed by <u>Associon</u> or Background check completed by <u>Leagu</u> or		 Date Compl	eted:	
Background check completed by <u>Associon</u> or Background check completed by <u>Leagu</u>		Date Compl		
Background check completed by <u>Associon</u> or Background check completed by <u>Leagu</u> or		System(s) used for background check (n		Other (please explain):
Background check completed by <u>Associor</u> or Background check completed by <u>Leagu</u> or completed by: Online multistate database: (Choicepoint, etc.)	e officer: State/Federal Crimir	System(s) used for background check (n	ninimum of one must have "X"): DERAL Sex Offender Registry	Other (please explain): supplemented by one or more of the above.