



Pop Warner Little Scholars, Inc. 2004 Volunteer Application



***** Use extra paper to complete if additional space is required *****

PLEASE NOTE: A copy of a valid government-issued photo identification must be attached to this application.

Name: _____ Date: _____

Maiden/Other: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ (Home) _____ (Business)

Previous states resided in over the past 5 years: _____

Date of Birth: _____ Email Address: _____
(mm / dd / yyyy) Last 4 Digits of Social Security No.: _____

Occupation: _____

Employer: _____

Address: _____

Special professional training, skills, hobbies: _____

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

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

Do you have children in the program? YES _____ NO _____
If yes, at what level? _____

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

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

Driver's License#: _____ State: _____

Have you ever been convicted of a felony? YES _____ NO _____

Have you ever been convicted of any crime involving or against a minor? YES _____ NO _____

Have you ever plead guilty to or been convicted of any crime? YES _____ NO _____

If yes, explain: _____

Have you ever been refused participation in any other youth programs? YES _____ NO _____

If yes, explain: _____

In which of the following would you like to participate? ("X" one or more.)

League Official: _____ Head Coach: _____ Board Memb. _____ Equipment Mgr. _____

Assist. Coach: _____ Team Momb: _____ Coach Trainee: _____ Trainer: _____

Student Demo: _____ Other: _____

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name: _____ Phone: _____

As a condition of volunteering, I hereby grant permission to the Pop Warner organization to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand 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, 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. If appointed, 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.

Applicant Signature _____ Date _____

Applicant Name (Type): _____

NOTE: The local Pop Warner and Pop Warner Little Scholars, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

For Local League/Association Use Only. Please print the name of the individual who completed the background check on the volunteer.

Background check completed by Association officer: _____

or

Background check completed by League officer: _____

or

Background check completed by: _____

Date Completed: _____

System(s) used for background check (minimum of one must have "X"):

Online multistate database: _____ State/Local Criminal History Records: _____
(Rapsheets or other online service)

Sex Offender Registry: _____ Other: (please explain) _____
ONLY attach copies of background check reports that reveal convictions of this applicant and maintain files at the league level.