



Lakewood Lancers



Pop Warner Football & Cheer
4067 Hardwick, Suite 517 - Lakewood, CA 90712
www.lakewoodlancers.org

Check One	
<input type="checkbox"/> Business Manager	<input type="checkbox"/> Team Parent
<input type="checkbox"/> Equipment Manager	<input type="checkbox"/> PA/Spotter

Lakewood Pop Warner 2010 Team Staff Application

APPLICANT INFORMATION

First Name: _____ Last Name: _____
 Birth Date: ____ / ____ / ____ SSN# _____ - _____ - _____ Driver License # _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Cell: _____ Work: _____
 E-mail: _____

DIVISION (Check One)

<input type="checkbox"/> Flag (5 & 6 yrs.)	<input type="checkbox"/> Jr. Mitey Mite (7 & 8 yrs.)	<input type="checkbox"/> Mitey Mite (7 - 9 yrs.)	<input type="checkbox"/> Jr. Pee Wee (8 - 11 yrs.)	<input type="checkbox"/> Pee Wee (9 - 12 yrs.)	<input type="checkbox"/> Jr. Midget (10 - 13 yrs.)	<input type="checkbox"/> Midget (11 - 15 yrs.)
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TEAM NAME (Check One)

<input type="checkbox"/> Red Lancers	<input type="checkbox"/> Black Lancers	<input type="checkbox"/> Other Available
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Head Football/Cheer Coach Name: _____

REFERENCES

Please list (3 or more) references from your past volunteer experience or your involvement with youth sports:

Name:	Name:
Address:	Address:
Phone :	Phone:
Name:	Name:
Address:	Address:
Phone:	Phone:

PLEASE ANSWER ALL QUESTIONS BELOW COMPLETELY.
(If you need additional space to answer the questions, please attach an extra sheer or use the back of this form.)

- List your previous experience with children in any youth sports.

2. If you have never been involved with youth sports, but have volunteered with a youth program, please tell us where and for whom.

3. What do you believe are the responsibilities of the position applied for?

4. Why are you interested in volunteering for the Lakewood Pop Warner Football/Cheer Program?

5. Will you have a child or children participating in our program this year? If yes, what are their ages?

6. First Aid Certified: Yes No Exp Date:
CPR Certified: Yes No Exp Date:

7. Have you ever been suspended? (If yes, please explain)

8. Have you ever been convicted of a crime against a minor? (If yes, please explain, and give dates)

I have **read**, **understand** and **agree** to abide by all terms, conditions, and stipulations contained, or referred to in the Lakewood Pop Warner By-Laws, Policies & Procedures.

(Applicant's Signature)

(Date)

Please fill out the background release form on the next page and submit it together with a copy of your driver's license and application.

Please return this application to your **Head Football/Cheer Coach** or to a board member when complete. Alternatively, you can send it to one of the following:

Mail:
Lakewood Pop Warner
4067 Hardwick, #517
Lakewood, CA 90717

E-mail:
LPW Board Members
info@lakewoodlancers.org

NOTE: The Board of Directors, without comment, may decline Applications. All volunteers of LPW are required to submit a background check before participating in this league.

FEDERAL DATA, INC. – Authorization & Release Form

As part of the application process for Lakewood Pop Warner, hereinafter referred to as “Organization”, I understand that an investigation of my; Driver’s License Abstract, Identity Information, Worldwide Criminal Records, Sex & Violent Offender Registry, Worker’s Compensation Records, Credit History and Professional License History; may be polled and reviewed IN STRICT COMPLIANCE OF ANY AND ALL LAWS OF THE UNITED STATES OF AMERICA.

I understand that these Records may be used in evaluating my eligibility of the position that I seek with the above named “Organization” whether such application is made for employment, continued employment, position of membership or acceptance of the “Organization”, whether current day or in future periods.

I authorize FEDERAL DATA, INC., and its agents without reservation the FULL RELEASE of these records to be provided to the “Organization”.

I also release and discharge FEDERAL DATA, INC., its agents and database vendors of any damages or liabilities or any other complaints for this investigative process. I authorize the full release of any information without reservation throughout any duration of my employment, affiliation, membership or association with the “Organization” in addition to the continued rights to update any original Records Searches with an up to date poll of current Records at the sole discretion of the “Organization” IN STRICT COMPLIANCE OF THE LAWS OF THE UNITED STATES OF AMERICA for as long as I am affiliated with/or associated to the “Organization”. My signature below certifies that this “Authorization & Release”, was completed with full and complete accuracy and truth to the best of my ability.

APPLICANT INFORMATION: (PLEASE PRINT CLEARLY & ACCURATELY)

Salutation: (i.e. Mr., Mrs., Ms., Miss): _____ Suffix (if any): _____ (Sr., Jr., II, etc.)

First Name: _____ Last Name: _____

Date of Birth: ____ / ____ / _____ Social Security #: _____ - ____ - _____

(If known; name of the US State that your Social Security # was issued in: _____

Driver’s License #: _____ State: _____

Professional License Numbers & US States of issue (if any): _____

Applicant Signature: _____ Date: ____ / ____ / _____

EMPLOYER USE ONLY: APPLICANT – PLEASE DO NOT WRITE BELOW THIS LINE

I certify that I am an authorized agent of the “Organization” listed below and that I am empowered to request this investigative inquiry. I further convey that FEDERAL DATA, INC., its agents and vendors are acting as an agent only on behalf of the “Organization” to obtain the information referenced herein.

“Organization” Name, Address and Contact Information: _____

Printed Name of agent authorizing these Reports: _____

Signature: _____ Title: _____ Date: _____