

Pop Warner Little Scholars, Inc. - LAKEWOOD LANCERS
Official 2011 Volunteer Application. (Page 2) Do NOT use forms from past years.

**A copy of valid government-issued photo identification AND a \$6 background check fee must be attached to this application.
ACCEPTED WITHOUT ALL REQUIRED ITEMS**

APPLICATIONS WILL NOT BE

In which of the following would you like to participate? **CHEER** OR **FOOTBALL (CIRCLE ONE)** **TEAM NAME:** _____

Name: _____ **Date:** _____ Special professional training, skills, hobbies: _____

Prior/Maiden Names or Aliases: _____

Telephone: _____

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

Address: _____

City: _____ **State:** _____ **Zip:** _____ Previous/current volunteer experience (e.g. baseball/softball and years): _____

Mailing Address (if different): _____

_____ 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. First Aid, CPR, Medical, etc) _____
(mm / dd / yyyy)

Social Security Number: _____ Have you ever been convicted of a felony? YES _____ NO _____

Occupation: _____ If yes, provide your current legal status (parole, etc.) _____

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

Address: _____ Have you ever plead guilty to, been convicted of or involved with any other type of crime? YES _____ NO _____

Telephone: _____ If yes, explain: _____

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

Driver's License#: _____ **State:** _____

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

If yes, explain: _____

Position Applying For (CHECK ONE):

Board Member: _____ **Head Football Coach:** _____ **Head Cheer Coach:** _____ **Business Manager:** _____

Team Parent: _____ **Equipment Mgr:** _____ **Assistant Football Coach:** _____ **Assistant Cheer Coach:** _____

Other (I.E. Trainer, First Aid CPR, Chain Gang etc...), please specify: _____

If not applying as a Head Coach, please list the name of the Head Coach: _____

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

<u>Name:</u>	<u>Nature of Relationship:</u>	<u>Phone #:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted as a volunteer, Pop Warner may end the relationship immediately if I have made any false statements or material misrepresentations, written or verbal. As a condition of volunteering, I hereby grant permission to Pop Warner to conduct a background check on me, which may include a review of database records including but not limited to sex offender registries, child abuse and criminal history records in compliance with Pop Warner's child protection policy. I understand and agree 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, and/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. 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. Furthermore, I hereby attest that all contact information provided herein is up to date and I hereby grant Pop Warner Little Scholars, Inc. and its partners permission to utilize such contact information for communications and promotions during my tenure as a volunteer.

Binding Arbitration Policy:

If appointed, I hereby understand and agree that any and all civil disputes by and between myself, Pop Warner and any and all affiliated parties will be subject to binding arbitration in the locale of the Pop Warner Little Scholars, Inc. National Office in Langhorne, PA in accordance with Pennsylvania law under the guidelines and rules of the American Arbitration Association. I hereby agree that this binding arbitration shall be in lieu of any litigation by and between myself, Pop Warner and any and all affiliated parties. If any portion of this application shall be deemed unenforceable or invalid, this arbitration agreement shall still remain in full force and effect.

Applicant Signature _____

Date _____

Applicant Name (Print or Type): _____

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

APPLICANT - PLEASE DO NOT WRITE BELOW THIS LINE - LEAGUE USE ONLY

For League Use Only. Below please print the **legal name** of the individual who performed the background check on the applicant and name of the local organization.

Background check completed by Association officer: Destini Palacio, Lakewood Pop Warner Secretary
 or

Background check completed by League officer: _____
 or

completed by: _____ Date Completed: _____

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

Online multistate database: _____ State/Federal Criminal History Records: FEDERAL Sex Offender Registry: Other (please explain): _____
 (Choicepoint, etc.)

**** NOTE: A State Sex Offender Registry check alone is NOT sufficient to comply with Article 21 and MUST be supplemented by one or more of the above**

LEAGUES: You must maintain copies of background check results at the league level for the duration of the volunteer's service.

DATE \$6 PAID

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Authorization & Release Form

Team Name: _____

Applicants Name: _____

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 and Sex & Violent Offender Registry; 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, position of membership or acceptance of the Organization, whether current day or in future periods.

I authorize the Organization, and its agents without reservation the FULL RELEASE of these records to be provided to the Organization. I also release and discharge the Organization, 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 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.

I understand that the cost of the background screening is my responsibility and I agree to pay the above name Organization six dollars (\$6) along with submitting all of the required applicant paperwork I understand that I will not be approved for the position that I seek with the above named Organization until the applicant fee is paid, all paperwork is submitted and my background screening is completed and approved.

I understand and agree to provide a photo copy of my driver's license or State identification card and an electronic JPEG/Bitmap headshot (the staff members name and title must be saved as the file title). This must be provided after being approved by the Organizations Board of Directors in order to create an identification badge. Please email the information to secretary@lakewoodlancers.org or ad@lakewoodlancers.org or cheer@lakewoodlancers.org.

My signature below certifies that this "Authorization & Release", was completed with full and complete accuracy and truth to the best of my ability. It also acknowledges that I agree that I am not on staff for the Organization until I receive my identification badge.

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: ____/____/____

Please contact Destini Palacio (secretary@lakewoodlancers.org) if you have any questions.

APPLICANT - PLEASE DO NOT WRITE BELOW THIS LINE - LEAGUE USE ONLY

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 the Organizations agents and vendors are acting as an agent only on behalf of the Organization to obtain the information referenced herein.

Lakewood Pop Warner Football and Cheer - Name of agent for Organization authorizing these Reports: **Destini Palacio**