

2021 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: _____

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

Address: _____

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

Telephone: _____ Email: _____

Do you have children in the program? YES _____

City: _____ State: _____ Zip: _____

If yes, at what level? _____

Mailing Address (if different): _____

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

Previous states resided in the past 5 years: _____

Have you ever been charged with or convicted of a felony? YES _____

Date of Birth: _____
(mm / dd / yyyy)

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

Social Security Number: _____

Have you ever been convicted of any crime involving or against a minor? YES _____

Occupation: _____

Have you ever plead guilty to, been convicted of or involved with any other type

Employer: _____

YES _____

Address: _____

Have you ever been refused participation in any other youth programs? YES _____

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

If YES to ANY of the above, explain: _____

Driver's License#: _____ State: _____

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

League Official: _____ Head Coach: _____ Board Member: _____ Equipment Manager: _____ Assist. Coach: _____

Team Mgr: _____ Coach Trainee: _____ Trainer: _____ Student Demo: _____

Other: _____

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 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 grant them permission. Please contact the PWLS National Office in writing for opt out information.

Pop Warner Little Scholars, Inc.
Official 2021 Volunteer Application. (Page 2) Do NOT use forms from past years. (Complete BOTH Pages)

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

Name: _____ **Nature of Relationship:** _____ **Phone#:** _____

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 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 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 liability 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 liability release.

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 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 personnel 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 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 binding 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 Little Scholars, Inc. will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

For Local 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: _____

or _____

Background check completed by League officer: _____

or _____

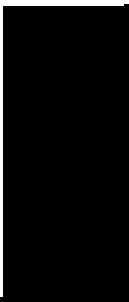
completed by: _____ Date Completed: _____

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 following.

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



NO _____

NO _____

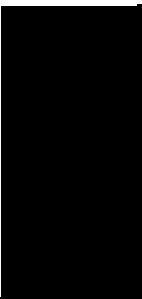
NO _____

of crime?

NO _____

NO _____

may contact you with
e unless you specifically



I have made any false statements or
omissions but not limited to sex offender
information on my background. I
do not have any such information.

I consent and removal by the Board of
Prisons, permission to utilize such

in lieu of any litigation by and
for Warner Little Scholars, Inc.

as above.

Background Screening Consent/Release

I

First Name

Last Name

Understand that as a condition of volunteering, I hereby grant permission to Hamden Fathers Football and Cheerleading Association 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.

SS#

Signature

Coaches Code of Conduct

As a coach in Southern Connecticut Pop Warner I understand that there are certain rules and conduct standards that I must follow at all times. I understand my failure to abide by these rules and standards may result in my suspension or dismissal from Pop Warner.

As a coach I have read and accepted Pop Warner's coaches' code of conduct.

- I will accept the decision of referees and judges as final
- I will refrain from the use of profanity towards any participant
- I will not tolerate the use of profanity whether it is toward a coach, player, opponent, or league official.
- I will accept the decisions of my Board and be their spokesperson to my team and parents.
- I will notify my Board of any potential coach/participant or coach/participant altercations which could be harmful to the League.
- I will refrain from smoking or use of alcohol around practice or game fields. I understand my violation may result in fine or suspension of my duties.
- I will not tolerate the use of alcohol or anyone under the influence of alcohol around participants.
- I will attend all required coaching clinics
- I will appoint a coach to assist the opponent's record keeper with Mandatory Play.
- I recognize that my main duties are coaching and not administrative, but I will ensure that parents are aware of messages from the Board and that all appropriate paperwork has been received.
- I understand and accept that no player should be allowed to participate in practice, scrimmage, or game sessions without proper equipment or appropriate medical clearance.
- I will not use my authority as a coach to allow a participant to have special treatment, whether related to myself, other coaches, or personal friends.
- I have reviewed and understand all the rules and regulations for SCPW.
- I will not tolerate any degradation of teammates, officials or opponents.
- I will designate one of my coaches to work with late arrivals to insure steady progress towards joining the main team.
- I will review with participants and send home a copy of specific team rules.

I, _____ accept the above rules as written and will do my best to abide by them Signed

(Coach): _____

Date: _____ Association: _____

HFFCA Head Coaching Rider

This document is being provided as a supplement to the Coaches Code of Conduct document and is designed to delineate additional requirement for the coaching position in which the candidate is agreeing to;

Upon accepting this position, you are agreeing to the following:

Head coaches will be required maintain a status of Member in Good Standing as defined in the bylaws adopted Jan 2018

Head coaches will be required to attend regularly scheduled and emergency league meetings unless the subject of the meeting is determined to not be relevant to their area of responsibility.

Any head coach who fails to attend 3 consecutive meetings as defined above and has not notified President, Executive Vice President, Director of Football Operations or Director of Cheerleading Operations will be subject to review for removal by the Executive Board.

Head coaches will be required to conduct a minimum of three (3) fundraising events, the breakdown to be as follows:

Two (2) League sponsored fundraising events - *Scope to be determined by Director of Fundraising*

One (1) Discretionary fundraising event – *Scope to be determined by team and approved by Director of Fundraising* Head coaches are required to participate in off season activities, example, registration events, camps, clinics, etc Name :

Date: _____