Pop Warner Little Scholars, Inc.
2025 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: _____

Prior/Maiden Names or Aliases: _____

Address: _____

Telephone: _____ Email: _____

City: _____ State: _____ Zip: _____

Mailing Address *(if different):* _____

_____

Previous states resided in the past 5 years: _____

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

Social Security Number: _____ LAST 4 DIGITS

Occupation: FOOTBALL OFFICIAL

Employer: INDEPENDENT CONTRACTOR

Address: _____

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

Driver's License#: _____ State: _____

Special professional training, skills, hobbies: NFHS / NCHSAA CERTIFIED OFFICIAL

Community affiliations (Clubs, Service Organizations, etc.): METROLINA FOOTBALL OFFICIALS ASSOCIATION

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

Do you have children? Yes _____ No _____

If yes, at what level? _____

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

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

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

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

YES _____ NO X

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

YES _____ NO X

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

YES _____ NO X

If YES to ANY of the above, explain:

_____

_____

_____

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 Mom: _____ Coach Trainee: _____ Trainer: _____ Student Demo: _____

Other: FOOTBALL OFFICIAL

Association Name: POP WARNER LITTLE PANTHERS

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 provide three personal references

Name:	Nature of Relationship:	Phone #:
ROB DUNN	OFFICIAL COORDINATOR	704-564-8220
STEPHEN JACOBS	REGIONAL SUPERVISOR OF OFFICIALS	704-293-1148
JOHN NORRIS	OFFICIAL ASSIGNER	980-228-1134

I hereby attest that all information provided on this application is true and complete. If I am accepted as a volunteer, Pop Warner may end the relationship immediately if I have made any false statements or material misrepresentations. As a condition of volunteering, I hereby grant permission for 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 fingerprinting along with 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 organization receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability Pop Warner Little Scholars, Incorporated, its affiliated leagues and associations, 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 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: _____ (Sterling Volunteers) State/Federal Criminal History Records: _____ FEDERAL Sex Offender Registry _____ Other (please explain):

****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.