



**PALM BEACH GARDENS  
YOUTH ATHLETIC  
ASSOCIATION  
VOLUNTEER  
APPLICATION PACKAGE  
FOOTBALL  
2007**



Official 2007 Volunteer Application (Complete BOTH Pages) Do NOT use forms from past years.

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

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Prior/Maiden Names or Aliases: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

Community affiliations (Clubs, Service Organizations, etc.): \_\_\_\_\_

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

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

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

Have you ever been convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_

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

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

Have you ever pleaded guilty to or been convicted of any other type of crime? YES \_\_\_\_\_ NO \_\_\_\_\_

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: \_\_\_\_\_

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

League Official: \_\_\_\_\_ Head Coach: \_\_\_\_\_ Board Member: \_\_\_\_\_ Assist. Coach: \_\_\_\_\_  
Team Mgr.: \_\_\_\_\_ Coach Trainee: \_\_\_\_\_ Trainer: \_\_\_\_\_  
Other: \_\_\_\_\_ Student Demo: \_\_\_\_\_

Privacy Policy: Please be advised that PWLS does not sell or release contact information to any non-affiliated organization. However, PWLS and/or its official partners may contact you about special offers and promotions from time to time. However, these partners are not permitted to retain your information for future use unless you specifically grant them permission. You may opt out of these communications at any time by contacting the PWLS National Office.

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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:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Nature of Relationship: \_\_\_\_\_

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 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.

**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: 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

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, IntelliCorp., etc.)

State Sex Offender Registry: \_\_\_\_\_

Other: (please explain) \_\_\_\_\_

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

**Southeastern Security  
Consultants, Inc.**



**Background Consent/Release Form**

Organization Name: PBBYAA - FOOTBALL

Applicant's Name (printed)

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant's Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name:

Date: \_\_\_\_\_

Signature:

## VOLUNTEER ID BADGE AUTHORIZATION

Volunteer Name: \_\_\_\_\_

Association: \_\_\_\_\_

Authorized by: \_\_\_\_\_ (Association Stamp)  
Print Name:

Please print CLEARLY.

Only an Association Board Member can authorize Volunteers.

All background checks are the responsibility of the local associations.

TCFC will not be responsible for any volunteer that is not background checked.

Volunteer's picture will not be taken without this form properly completed and presented to TCFC.

Each volunteer must pay for their badge Association's will reimburse the volunteers at their discretion.

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