



POLICE ATHLETIC LEAGUE, INC
 34 ½ E 12TH ST, New York, New York 10003
 Training and Volunteer Services Department
 volunteer@palnyc.org

VOLUNTEER APPLICATION

Name _____ D.O.B: _____
 S.S. _____

Address _____
 Street Apt. No City State Zip Code

Phone Number () _____ - _____ Mobile Number () _____ - _____

Email _____

Reference		Emergency Contact	
Name:	Relationship:	Name:	Relationship:
Phone:		Phone:	
Email:		Email:	
Mailing Address:		Mailing Address:	

Please mark your area(s) of interest:

Tutoring Special Events Assistance Mentoring Board games

Athletics: Baseball Basketball Soccer Volleyball Track Martial Arts

Education: Fitness training Career Readiness Computers Arts & Crafts Dance Music

Other:

I am available Weekday Afternoons Evenings Weekends

1. How did you hear about PAL? _____

2. Have you done volunteer work before? Yes No Where: _____

3. Education: Name of school _____ Graduated? Yes No

4. Are you currently employed? Yes No If Yes where? _____

5. Do you know anyone who currently works at PAL? Yes No If Yes who? _____

I certify that the answers given and statements are true and correct. I authorize my school, employer and reference to provide information concerning my background. I understand that this document does not constitute an employment or volunteer contract. I further understand that I must abide by the Police Athletic League's rules and regulations.

If you are under the age of 18 your parent or legal guardian must also sign this application.

 Volunteer's Name (Signature and Print)

 Date

 Parent or Legal Guardian if applicable

 Date

Assignment

Start Date: ___/___/___

Department/Center: _____

Hours/ Days _____

Position: _____