



POLICE ATHLETIC LEAGUE, INC
341/2 E 12TH ST, New York, New York 10003

VOLUNTEER APPLICATION

Name: _____ S.S. No. ____ - ____ - ____

Address: _____
Street Apt. No City State Zip Code

Home Phone Number: () _____ - _____ Cell Number () _____ - _____

1. How did you hear about PAL? _____

2. Please mark your area(s) of interest:

<u>Arts and Crafts</u>	<u>Tutoring</u>	<u>Board Games</u>	<u>Education</u>
<u>Dance</u>	<u>Music</u>	<u>Drama</u>	<u>Computers</u>
<u>Mentoring</u>	<u>Martial Arts</u>	<u>Athletics</u>	<u>Baseball</u>
<u>Sports</u>	<u>Weights</u>	<u>Elementary Age</u>	<u>High School Age</u>
Other: _____			

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

4. What days/hours can you volunteer? _____

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

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

7. Do you know anyone who currently works at PAL? Yes No Who: _____

8. Reference:
Name: _____

Address/Phone: _____

9. Emergency Contact:
Name: _____ Relationship: _____

Address /Phone: _____

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: __ / __ / __ Center: _____

Hours/ Days _____ Position: _____