

NASSAU COUNTY POLICE ACTIVITY LEAGUE VOLUNTEER APPLICATION

Town/P.A.L. Unit: _____ Date: _____

Applicant's Name: _____ Date of Birth: _____

Gender: ___ Male ___ Female Maiden Name: _____

Address: _____ Home Phone: _____

City/Zip _____ Mobile Phone: _____

Position: ___ Head Coach ___ Assistant Coach ___ Director - Drivers Lic.#: _____

I wish to volunteer to assist the Nassau County Police Dept. by applying for membership as an adult sponsor/participant in the Nassau County Police Activity League. I understand that my application must be approved by the Police Officer and/or Director of my Unit and the P.A.L. Corporate Body, and, if accepted, such membership is a privilege which may be terminated at any time by the Police Officer and/or Director, the League Board, the P.A.L. Corporate Body, or my Unit Thereof.

I agree at all times to uphold the policies and principles of the Nassau County P.A.L.

Any previous volunteer experience? (Please explain when, where, duties, etc): _____

Have you ever been arrested for any sexual offense: Yes ___ No ___

Have you ever been arrested for any violence-related offense including, but not limited to, assault, harassment, menacing, etc.: Yes ___ No ___

Have you ever been a defendant in family court: Yes ___ No ___

If you answer 'yes' to any of the above questions, please explain: _____

I understand that a criminal record check will be conducted along with a Dept. of Motor Vehicles Bureau License Check and I consent to such checks.

I further understand that for the safety and well-being of the children participating in P.A.L. program I may be required to be fingerprinted and I consent to that requirement.

I have read the foregoing statement and all information provided is true. I authorize the Nassau County P.A.L. to investigate and verify any information on this application.

Signed: _____ Name Printed: _____

Witness: (P.O. or Director): _____

FOR OFFICE USE ONLY:

Indicate Action: _____