



VOLUNTEER APPLICATION

I, _____, by my signature below,
Print Name

certify that as of the date indicated below, I am able to meet the following eligibility standards for volunteering with the Police Activities League.

THAT I:

- **Am** at least eighteen (18) years of age
- **Am** willing to commit my time to PAL when I am able to contribute
- **Have not** been convicted of a felony crime, nor been convicted of any misdemeanor involving the commission of an act contrary to the moral conscience of the general public
- **Have not** pleaded guilty to any felony or misdemeanor involving perjury or a false statement
- **Have not** received a dishonorable discharge from the Armed Services, if having served
- **Have not** used, tried, or experimented with any drugs classified as controlled substances while not under the care of a physician
- **Have not** used, tried, or experimented with marijuana within the last twenty-four (24) months; and if having used marijuana in the past, such use did not exceed five (05) times within the past ten years immediately preceding the date of this application
- **Have not** sold, offered for sale, induced, or attempted to induce, another person in the use of illegal drugs
- **Do not** abuse or misuse prescription medication
- **Do not** abuse or misuse alcohol
- **Have not** committed any serious undetected crimes for which I have not been arrested
- **Have not** falsified this application
- **Have not** been charged or convicted of any offenses related to children or youth.

Applicant's Signature

Date

SECTION 3: EDUCATIONAL BACKGROUND

GRADUATED:

HIGH SCHOOL _____ YEAR _____
Name City, State

COLLEGE _____ YEAR _____
Name City, State

DEGREE: ASSOCIATE BA/BS MA/MS PHD

MAJOR: _____

SECTION 4: VOLUNTEER HISTORY

PLEASE LIST ANY PRIOR VOLUNTEER EXPERIENCE BELOW:

| Agency/Group/Organization | Years |
|---------------------------|-------|
| _____ | _____ |
| _____ | _____ |

WHAT IS YOUR PRIMARY REASON FOR VOLUNTEERING WITH US?

WHAT AREA OF PAL WOULD YOU PREFER TO CONTRIBUTE YOUR TIME TO?

SECTION 5: HEALTH HISTORY

The questions contained in this section are utilized solely for background investigation purposes, and will remain strictly confidential.

HOW FREQUENTLY DO YOU CONSUME ALCOHOLIC BEVERAGES?

DAILY WEEKLY MONTHLY SPECIAL OCCASIONS NEVER

WHEN ALCOHOLIC BEVERAGES ARE USED, HOW MANY DO YOU CONSUME? _____

HAVE YOU EVER TRIED, USED, OR EXPERIMENTED WITH MARIJUANA?

NO YES

IF YES: NUMBER OF TIMES _____ DATE OF LAST USE _____

HAVE YOU EVER TRIED, USED, OR EXPERIMENTED WITH HEROIN?

NO YES

HAVE YOU EVER TRIED, USED, OR EXPERIMENTED WITH COCAINE?

NO YES

• _____
Name

Address

City State Zip Code

(Area Code) Home Number (Area Code) Work Number

E-Mail Address Relationship to Applicant

SECTION 8: CRIMINAL HISTORY

HAVE YOU EVER (AS AN ADULT OR A JUVENILE) BEEN ARRESTED, DETAINED, OR QUESTIONED BY THE POLICE CONCERNING A CRIME?

- NO YES, AND I HAVE ATTACHED A SHEET EXPLAINING THE INCIDENT(S), YEAR, STATE IN WHICH INCIDENT OCCURRED, AND RESULTING ADJUDICATION

HAVE YOUR DRIVING PRIVILEGES EVER BEEN SUSPENDED, REVOKED, OR CANCELLED?

- NO YES, AND I HAVE ATTACHED A SHEET EXPLAINING THE INCIDENT(S), YEAR, STATE IN WHICH SUSPENSION OCCURRED, AND RESULTING ADJUDICATION

HAVE YOU EVER RECEIVED (A) TRAFFIC CITATION(S)?

- NO YES, AND I HAVE ATTACHED A SHEET EXPLAINING THE CITATION(S), YEAR, STATE IN WHICH CITATION WAS ISSUED, AND RESULTING ADJUDICATION

HAVE YOU EVER BEEN CONVICTED OF A CRIME (FELONY AND/OR MISDEMEANOR)?

- NO YES, AND THEY ARE LISTED BELOW. (CONVICTION AND DATE)

I affirm that this application contains no false statements, misrepresentations, or omissions; nor did I intentionally conceal any material that would knowingly make me ineligible. I further understand that at any time during my background investigation, should any information be discovered in this application which is not factual, I will become ineligible for any volunteer position with the POLICE ACTIVITIES LEAGUE.

APPLICANT'S SIGNATURE: _____ DATE: _____

**SECTION 9: VOLUNTEER RESOURCES
EMERGENCY CONTACTS**

VOLUNTEER NAME: _____

ADDRESS: _____

TELEPHONE: (H) _____ (W) _____

(C) _____ (EM) _____

EMERGENCY CONTACTS:

NAME: _____

ADDRESS: _____

TELEPHONE: (H) _____ (W) _____

(C) _____ (EM) _____

RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

TELEPHONE: (H) _____ (W) _____

(C) _____ (EM) _____

RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

TELEPHONE: (H) _____ (W) _____

(C) _____ (EM) _____

RELATIONSHIP: _____