



Concussion Course

Date Taken _____

HAVERSTRAW
POLICE **A**THLETIC **L**EAGUE

2016-2017

Activity: Basketball

Age Group _____



VOLUNTEER APPLICATION

A PHOTO COPY OF DRIVERS LICENSE MUST ACCOMPANY THIS APPLICATION

NAME _____

ADDRESS _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

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 or plead guilty to any crimes? Yes ☐ No ☐

Are you presently under indictment or are you currently a defendant in a criminal proceeding? Yes ☐ No ☐

Do you have any physical/medical condition that would prevent /limit your ability to participate in activities? Yes ☐ No ☐

If yes, describe each in full: _____

Have you ever been refused participation in any other youth program?

Yes ☐ No ☐ If yes, explain _____

I agree to read the rules and regulations and make sure that my players and I understand and follow them. I also agree to participate as a volunteer in HPAL functions and activities.

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

NAME

PHONE

1 _____

2 _____

3 _____

As a condition of volunteering, I give permission for Haverstraw PAL (HPAL) to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon HPAL receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability HPAL INC, the officers, the directors, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, HPAL is not obligated to appoint me to a volunteer position. If appointed, 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 violation of Haverstraw PAL – Rules and Regulations, policies or principles.

SIGNATURE _____ DATE _____

License No. _____ Social Security _____

Email: _____

HPAL INC. USE ONLY:

Background check completed by HPAL officer:

X _____ On _____

System(s) used for background check (minimum of one must be checked):

Sex Offender Registry ☐ Criminal History Records ☐

Only attach to this application copies of background check reports that reveal convictions of this applicant.