



Concussion Course

Date Taken \_\_\_\_\_

**H**AVERSTRAW  
**P**OLICE **A**THLETIC **L**EAGUE

2025-2026

**V**OLUNTEER **A**PPPLICATION

**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 crime or violation?

**Yes**  **No**  Explain \_\_\_\_\_

Are you presently under indictment or are there any criminal charges pending?

**Yes**  **No**  Explain \_\_\_\_\_

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

Describe each in full: \_\_\_\_\_

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

**Yes**  **No**  Explain \_\_\_\_\_

I agree to read the Code of Conduct, 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. Initial \_\_\_\_\_

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 – Code of Conduct, Rules and Regulations, policies and/or principles.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

License No. \_\_\_\_\_ Social Security \_\_\_\_\_

Email: \_\_\_\_\_

**Any FALSE statement will lead to immediate suspension.**

**HPAL INC. USE ONLY:**

Background check completed by HPAL officer:

X \_\_\_\_\_ On \_\_\_\_\_

Background check status:

Compliant  Pending  Non-compliant