



NASSAU COUNTY POLICE ACTIVITY LEAGUE VOLUNTEER APPLICATION

PAL Unit: _____ Date: _____
 Applicant Name: _____ Date of Birth: _____
 Maiden Name: _____
 Address: _____ City: _____ State _____ Zip: _____
 Phone: _____ Mobile: _____
 Email: _____
 Sex: Male Female
 Position Interested In: _____ AED Certified Yes No
 Date Certified Exp. _____

I wish to volunteer to assist the Nassau County Police Dept by applying for membership as an adult sponsor in the Nassau County Police Activity League. I understand that my application must be approved by the Police Officer Director of my Unit and the Corporate Body, and if accepted, such membership is a privilege which may be terminated at any time by the Police Officer Director or the 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 experiences? Yes No

Please explain (where, when, duties, etc.)

Have you ever been arrested for any sexual offense? Yes No

Have you ever been arrested for a 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 answered "yes" to any of the above questions, please explain:

I understand that a criminal records check will be conducted, along with a Dept of Motor Vehicle license check.

I further understand that for the safety and wellbeing of the children participating in PAL program I may be required to be fingerprinted.

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

Signed: _____ Date: _____

Witness: (P.O. Director) _____

FOR OFFICE USE ONLY: Indicate action: