

NASSAU COUNTY POLICE ACTIVITY LEAGUE VOLUNTEER APPLICATION

P.A.L. Unit: _____

Date: _____

Applicant Name: _____

Date of Birth: ____/____/____

(Maiden Name: _____)

Address: _____

Sex: Male Female

Phone: _____

Position Interested In: _____

AED Certified – Yes/No

NYS Drivers License # _____

Date Certified _____ Exp. _____

Required

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 experience? _____

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 Bureau license check.

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

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: _____

Above information verified by P.O. Director

Witness: (P.O. Director) _____

FOR OFFICE USE ONLY:

Indicate action: _____