

Police Athletic League of Wilmington, Inc.
 3707 N. Market Street
 Wilmington, DE 19802
 (302) 764-6170 FAX (302) 764-2978



VOLUNTEER APPLICATION

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Employer/School _____

Date of Birth ____/____/____ Age _____

Do you have any physical, medical or emotional conditions that might hinder your volunteer service or require us to provide you with extra assistance or supervision?

Yes _____ No _____ If yes, please explain _____

Have you been convicted of a crime? Yes _____ No _____ Are you on probation? Yes _____ No _____

Are you volunteering to complete court-ordered community service? Yes _____ No _____

If yes, please list dates, convictions, number of hours needed and any other information you wish to provide:

Please indicate what area(s) you want to volunteer in:

Kid's Programs	Special Events	Facilities
<input type="checkbox"/> Arts & Crafts <input type="checkbox"/> Homework Help <input type="checkbox"/> Tutoring <input type="checkbox"/> Coaching <input type="checkbox"/> Sports <input type="checkbox"/> Computers <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Fundraising <input type="checkbox"/> Volunteer on the day of an event <input type="checkbox"/> Marketing <input type="checkbox"/> Community Outreach <input type="checkbox"/> Graphic Design <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Painting <input type="checkbox"/> Landscaping <input type="checkbox"/> Cleaning <input type="checkbox"/> Other (please specify) _____

Have you ever done volunteer work? Yes _____ No _____

Please list any skills and/or talents that might be useful:

PAL of Wilmington operates Monday through Friday 10am to 8pm.

What days/hours are you available? _____

Volunteer release:

I, _____, hereby agree to accept a position as a volunteer worker for the Police Athletic League of Wilmington (herein after referred to as PALW), and in doing so, I agree to comply with all the rules and regulations established by PALW, and I understand that failure to do so may result in my immediate termination as a volunteer. As a volunteer, I agree to do my best to represent PALW to the public in an accurate and professional manner.

I certify that the answers given and statement made on my volunteer application are true and accurate. I authorize my school, employer and reference to provide information concerning my background. I understand that a preliminary criminal background check will be done through the Wilmington Police Department. If I become a long term volunteer, I agree to make arrangements to participate in a full criminal background check with the Delaware State Police within 10 days of the request from PALW. I also understand that this document does not constitute an employment or volunteer contract.

I acknowledge that my services are provided strictly on a volunteer basis, without pay or compensation of any kind, and without liability of any nature on behalf of PALW, all service to be performed at my own risk.

I understand that public relations are an important part of volunteering at PALW. On behalf of myself, my heirs, personal representatives, and executors, I hereby allow PALW to use any photographs taken of me for use in public relations efforts.

Volunteer Signature

Date

Emergency contact:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____