



ALBANY POLICE ATHLETIC LEAGUE, INC.

Volunteer Interest Form

All applicants must have a background check

Name: _____ **(Cell) Phone:** _____

Social Security # _____ **Date of Birth:** _____
(Required for background check)

Address: _____ **City:** _____ **Zip:** _____

Email: _____

Are you currently employed? Yes _____ **No** _____ **If Yes: Part Time** _____ **Full Time:** _____

Employer: _____

Employer Address: _____

Supervisors Name: _____ **Phone:** _____

Are you currently enrolled in school? Yes _____ **No** _____ **If Yes: Part Time** _____ **Full Time:** _____

Name of School: _____ **Major:** _____

Minor: _____ **Expected Graduation Date:** _____

Personal Reference:

Name: _____ **Years Known:** _____

Phone: _____ **Email:** _____

I am interested in volunteering for (name of club/activity): _____

Parent Signature (if volunteer is under the age of 18): _____



ALBANY POLICE ATHLETIC LEAGUE, INC.

I am available to volunteer the following hours:

Monday	Tuesday	Wednesday	Thursday	Friday

Special Skills:

Additional Comments:

Please Return to:

The Albany PAL Center @VI, 844 Madison Avenue or volunteer@albanypal.org

Office Use Only:

Program Assigned: _____

Days/Hours: _____

Supervisor: _____

Clearance Status: _____