

TALLAHASSEE POLICE ATHLETIC LEAGUE
VOLUNTEER APPLICATION

NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DRIVERS LICENSE NUMBER/STATE _____

(ATTACH COPY TO APPLICATION)

RACE: _____ SEX: _____ DOB: _____

PLACE OF EMPLOYMENT: _____

WORK SCHEDULE: (DAY) _____ (EVENING) _____

SUPERVISOR'S NAME: _____ PHONE: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ YES _____ NO

IF YES, PLEASE NAME THE VIOLATION AND GIVE THE YEAR: _____

WHAT PROGRAM(S) WOULD YOU BE INTERESTED IN VOLUNTEERING? (CHECK ALL THAT APPLY)

_____ BASKETBALL _____ Cheerleading _____ OTHER

_____ TUTORIAL _____ MENTORSHIP

WHAT DAYS AND NIGHTS ARE YOU AVAILABLE? (PLEASE CIRCLE ALL THAT APPLY)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

WHAT TIMES ARE YOU AVAILABLE? (PLEASE CIRCLE ALL THAT APPLY)

MORNING AFTERNOON EVENING

HOURS OF AVAILABILITY: _____

PLEASE NOTE: THE ABOVE QUESTIONNAIRE IS USED TO DETERMINE YOUR SUITABILITY TO WORK WITH CHILDREN IN THE TALLAHASSEE POLICE ATHLETIC LEAGUE (P.A.L) IF YOU HAVE ANY QUESTIONS PLEASE CONTACT: SGT. A. Highland 850-891-4302.

WAIVER OF LIABILITY

I HEREBY RELEASE, WAIVE, AND DISCHARGE THE CITY OF TALLAHASSEE, ITS AGENTS, VOLUNTEERS, AND EMPLOYEES FROM ALL LIABILITIES, FOR ALL INJURY, LOSS, OR DAMAGE, AND CLAIM OF DAMAGE, TO MY PERSON OR PROPERTY DURING MY PARTICIPATION AS VOLUNTEER.

SIGNATURE: _____ DATE: _____