



Garner Police Athletic/Activities League

912 Seventh Ave. Garner, N.C. 27529
Office 919-772-8810 / Fax 919-772-8524
www.garnerpaal.org



Volunteer Application

Name: _____ Date of Application: _____

Date of Birth: _____ Social Security # _____ Sex _____

Other Names (maiden, alias, etc.) _____

Email _____ Driver's License # _____ State _____

Home Address _____ Home # _____

City _____ County _____ State _____ Zip _____ Work # _____

Prior Address _____ City _____ State _____

Prior Address _____ City _____ State _____

Present Employer _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Supervisor _____ Position _____

Past Employer _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Supervisor _____ Position _____

Past Employer _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Supervisor _____ Position _____

Personal References:

1) Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

2) Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

3) Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Any falsified information that is placed on this application will be grounds for immediate dismissal.



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Please answer the following questions:

Have you ever been arrested, charged with or convicted of a crime? Yes No

If yes, describe: _____

Have you ever been involved in an incident involving child abuse or neglect? Yes No

If yes, describe: _____

Have you ever used an illegal drug – including, but not limited to, marijuana or cocaine? Yes No

If yes, describe: _____

Have you ever had or do you have an addiction to illegal or prescription drugs and/or alcohol? Yes No

If yes, describe: _____

What is your reason for wanting to volunteer with Garner P.A.A.L.? _____

What position do you want to volunteer for? _____

What interests you about this position? _____

What experience do you have working with children? _____



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List the sports and/or education programs you have coached and/or taught.

Type of Program or Sport	Organization/League	Number of years

List any formal training you have received in coaching:

List any formal training you have received and any current certifications you hold in first aid and/or CPR:

List any formal training you have received in teaching children or parenting.

Name of Applicant: _____

Signature: _____

Name of Witness: _____

(Must be a parent if applicant is under age 18)

Witness Signature: _____

Date: _____