



CLAY COUNTY POLICE ACTIVITIES LEAGUE



EMPLOYMENT/VOLUNTEER APPLICATION CIRCLE APPLICABLE

Position Desired _____

Name _____
Last First Middle

Maiden Name/Prior Last Names _____

Address _____

Phone _____ Cell Phone _____

E-mail address _____

Employer _____

Address _____

Phone _____ Supervisor _____

Date of Birth _____ Place of Birth _____

Social Security # _____

Race _____ Sex _____ Height _____

Hair _____ Eyes _____ Weight _____

U.S. Citizen Yes No

Please submit a copy of your Driver's License and Social Security card with application

PAL POLICY REGARDING VOLUNTEERS

AUTOMATIC DISQUALIFIERS PROHIBITING VOLUNTEERING WITH PAL.

ANY ARREST FOR A CRIME AGAINST A CHILD, THE ELDERLY, OR SEX CRIMES.

ALL OTHER ARREST WILL BE REVIEWED BASED ON FREQUENCY OF ARREST, TYPES OF CHARGES, CONVICTIONS, AND HOW THE APPLICANT HAS IMPROVED THEIR LIFE STYLE SINCE THE LAST ARREST. VOLUNTEER APPLICANTS MAY BE ASKED TO ATTEND A CONFERENCE WITH THE PAL STAFF TO ANSWER QUESTIONS REGARDING AN ARREST BEFORE THEY ARE APPROVED TO

Have you ever been convicted of a felony or misdemeanor?

Yes

No

If yes, please explain (dates, places, agency involved) _____

Have you ever been arrested, received a notice to appear, charged, convicted, pled nolo contrede or pled guilty to any criminal violation, regardless if the record was sealed or expunged?

Yes

No

If yes, please explain: _____

Have you ever been questioned, interviewed, or in anyway been contacted by a law enforcement agency for any reason?

Yes

No

List name of agency and reason for contact _____

Do you possess a valid Drivers License?

Yes

No

Drivers License Number _____

Have you ever had a Drivers License suspended or revoked?

Yes

No

If yes, please explain (state and details) _____

Have you ever received a traffic citation (other than parking) ?

Yes

No

If yes, please explain _____

RESIDENCY

List all previous places of residence for the past 5 years (begin with present address and work backwards)

Month/Year	From/To	Address	City	State	Zip

REFERENCES

Please print COMPLETE name, address, phone numbers, and relationship of three references. They must have known you for at least 2 years. Each should be in a position to evaluate your qualifications as a volunteer working with children. Please DO NOT include family members, or current boyfriend/girlfriends.

Name _____
 Address _____
 Home Phone _____ Cell Phone _____
 Relationship _____ Years known _____

Name _____
 Address _____
 Home Phone _____ Cell Phone _____
 Relationship _____ Years known _____

Name _____
 Address _____
 Home Phone _____ Cell Phone _____
 Relationship _____ Years known _____

EMPLOYMENT/VOLUNTEER OATH

As a volunteer/employee in the Clay County Police Activities League, I will always act in a behavior that is in the best interest of the youth and organization. Accordingly, I pledge to each of the following policy statements.

Please initial your approval next to each statement.

_____ I understand that any unethical behavior on my behalf will result in the Board of Directors terminating my participation with the Police Activities League.

_____ I will not arrange personal contact with any PAL youth outside the scope of the PAL.

_____ I understand that the PAL is a drug free workplace, therefore I may be subject to random drug testing.

_____ I understand that the PAL will terminate my partnership if I violate any of the above policies.

I hereby authorize the Clay County Sheriff's Office or it's representatives to contact my employer for employment verification and references provided for a background investigation. I also understand that this application process requires a criminal history background check that will be conducted by the Clay County Sheriff's Office and that I must provide a fingerprint card.

Applicant Signature

Date

AFFIDAVIT

STATE OF _____

COUNTY OF _____

Before me personally appeared _____ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20_____.

My Commission expires on _____, 20_____, personally known _____ or produced identification_____. Type of identification produced _____.

Notary Public _____