

# NASSAU COUNTY POLICE ACTIVITY LEAGUE VOLUNTEER APPLICATION

P.A.L. Unit : \_\_\_\_\_ Date: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ Date of Birth; \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_ Sex:  Male  Female  
Phone#: \_\_\_\_\_

Position Interested In: \_\_\_\_\_ Drivers Lic.#: \_\_\_\_\_

I wish to volunteer to assist the Nassau County Police Dept. by applying for membership as an adult sponsor in the Nassau County Police Activity League. I understand that my application must be approved by the Police Officer Director of my Unit and Corporate Body, and if accepted, such membership is a privilege which may be terminated at any time by the Police Officer Director or the Corporate Body, or my Unit Thereof.

I agree at all times to uphold the policies and principles of the Nassau County P.A.L.

**Any previous volunteer experience?** \_\_\_\_\_

**Please explain (where, when, duties, etc:)** \_\_\_\_\_

Have you ever been arrested for any sexual Offense:  Yes  No

Have you ever been arrested for any violence-related offense including,  
but not limited to, assault, harassment, menacing, etc.?  Yes  No

Have you ever been a defendant in family court?  Yes  No

If you answer 'yes' to any of the above questions, please explain:

**I understand that a criminal record check will be conducted along with a Dept. Motor Vehicle Bureau License Check.**

**I further Understand that for the safety and well being of the children participating in P.A.L. program I may be required to be fingerprinted.**

**I have read the foregoing statement and all information provided is true. I authorize the Nassau County P.A.L. to investigate and verify any information on this application.**

Signed: \_\_\_\_\_ Name Printed: \_\_\_\_\_

Witness: (P.O.) Director) \_\_\_\_\_

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## FOR OFFICE USE ONLY:

Indicate Action: \_\_\_\_\_