

# NASSAU COUNTY POLICE ACTIVITY LEAGUE VOLUNTEER APPLICATION

**P.A.L. Unit:** \_\_\_\_\_  
**Applicant Name:** \_\_\_\_\_  
**(Maiden Name):** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Position Interested In:** \_\_\_\_\_  
**NYS Drivers License#** \_\_\_\_\_

**Date:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Sex:**  Male  Female  
**Phone:** \_\_\_\_\_  
**AED Certified:**  Yes  No  
**Date Certified:** \_\_\_\_\_ **Exp.** \_\_\_\_\_

\* REQUIRED\*

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 the 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 a violent-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 answered "yes" to any of the above questions, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that a criminal record check will be conducted, along with a Dept. of Motor Vehicle Bureau license check.

I further understand that for the safety and well being of the children participating in P.A.L. programs 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:** \_\_\_\_\_

Above information verified by P.O. Director  
Witness: (P.O. Director) \_\_\_\_\_

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**FOR OFFICE USE ONLY:**  
Indicate action: \_\_\_\_\_