



**Dunn Police Athletic & Activities League, Inc.**  
 610 Fairground Rd. / Post Office Box 1238 Dunn, N.C. 28335  
 Office 910-892-1873 / Fax 910-892-9962  
[www.dunnpal.org](http://www.dunnpal.org) / Internet Radio [www.dpaltv.com](http://www.dpaltv.com)  
**FILLING PLAYGROUNDS, NOT PRISON'S**



**Volunteer Application**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other Names (maiden, alias, etc.) \_\_\_\_\_ Sex \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work # \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Present Employer \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Date of Employment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Describe Position \_\_\_\_\_

Past Employer \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Date of Employment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Past Employer \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Date of Employment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Reason for leaving \_\_\_\_\_

References: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

***Any falsified information that is placed on this application will be grounds for immediate termination and/or prosecution.***



**Chief of Police  
 Advisory Board  
 Executive Director Lt. R. W. Rowland**





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Please answer the following questions

Have you ever been arrested, charged or convicted of a crime? \_\_\_\_\_

\_\_\_\_\_

Have you ever been involved in an incident involving child abuse or neglect? (If yes explain) \_\_\_\_\_

\_\_\_\_\_

Have you ever had or do you have a problem with drugs and/or alcohol? (If yes explain details) \_\_\_\_\_

\_\_\_\_\_

Reason for wanting to volunteer? \_\_\_\_\_

\_\_\_\_\_

Position desired? \_\_\_\_\_

\_\_\_\_\_

What interests you about this position? \_\_\_\_\_

\_\_\_\_\_

What experience do you have working with children? \_\_\_\_\_

\_\_\_\_\_

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

Type of Sport	Organization/League	Number of seasons
Type of Sport	Organization/League	Number of seasons
Type of Sport	Organization/League	Number of seasons

List any formal training you have received in coaching. \_\_\_\_\_

\_\_\_\_\_

List any formal training you have received in first aid. \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_



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## REACH ONE Mentor Program

Name of Auto Insurance Agency: \_\_\_\_\_

Name of State Issued: \_\_\_\_\_ Agency Phone Number: \_\_\_\_\_

Address of Auto Insurance Agency: \_\_\_\_\_

Auto Insurance Company (insured): \_\_\_\_\_

Policy#: \_\_\_\_\_ Bodily Injury (amount): \_\_\_\_\_ Property Damage: \_\_\_\_\_

Questions:

Please describe any physical or mental condition that may limit your ability to serve as a Reach One Mentor:

\_\_\_\_\_  
 \_\_\_\_\_

Have you ever been a mentor in the past? \_\_\_\_\_ If so, where and when? \_\_\_\_\_

\_\_\_\_\_

What age youth would you be most interested in working with? (circle one)

Ages: 11 / 12 / 13 / 14 / 15 / Any Age

Please list any leisure time activities, special talents or hobbies you might have:

\_\_\_\_\_  
 \_\_\_\_\_

List service and/or civic group memberships: \_\_\_\_\_

\_\_\_\_\_

List members of Reach One Mentor Program whom you know: \_\_\_\_\_

\_\_\_\_\_

**DO YOU SERIOUSLY FEEL YOU CAN COMMIT YOURSELF TO THE PROGRAM FOR AT LEAST A YEAR AS SEE YOUR "YOUTH" AS REQUIRED TO FULLFILL YOUR COMMITMENT?**

\_\_\_\_ YES \_\_\_\_ NO



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**Consent / Release Form**

(To investigate background information)

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Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Male/Female: \_\_\_\_\_ Race: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for the Dunn Police Athletic/Activities League and the Dunn Police Department to obtain information regarding myself. This includes, but is not limited to:

Employment Records/Employer's References

Criminal Background Check/Fingerprint

Driver's License Check

Coaching Experience

First-Aid Experience

Personal References

Addresses

I authorize this information to be obtained either in writing or via telephone in connection with my application.

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**CHILD ABUSE AND YOUTH SPORTS  
A COMPREHENSIVE RISK MANAGEMENT PROGRAM**



**Chief of Police  
Advisory Board  
Executive Director Lt. R. W. Rowland**

