



Dunn Police Athletic & Activities League, Inc.

610 Fairground Road / Post Office Box 1238 Dunn, N.C. 28335

Office 910-892-1873 / Fax 910-892-9962

www.dunnpal.org / Internet Radio www.dpaltv.com

FILLING PLAYGROUNDS, NOT PRISONS



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.



PAL Board
Chief of Police
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/Program	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**



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