



Dunn Police Athletic/Activities League, Inc.

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

Office 910-892-1873 / Fax 910-292-4046

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

FILLING PLAYGROUNDS, NOT PRISON'S



Volunteer Application

Date of Application: _____

Name: _____ Date of Birth: _____

Email Address: _____ Race/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.

Please answer the following questions



PAL Board
Chief of Police Clark White
Executive Director Capt. R. W. Rowland





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Questions:

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

Have you ever mentored 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 TO SEE YOUR "YOUTH" AS REQUIRED TO FULLFILL YOUR COMMITMENT?

___ YES ___ NO



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Consent/Release Form

(To investigate background information)

Dunn Police Athletic & Activities League, Inc. Post Office Box 1238 Dunn, NC 28335

Applicant's Name: _____

Date of Birth: _____ Social Security Number: _____

Male/Female: _____ Race: _____

Application's Address: _____ City _____ State _____

Zip Code: _____

I, _____, authorize and give consent for the Dunn Police Athletic & Activities League, Inc. 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**



PAL Board

Chief of Police Clark White

Executive Director Capt. R. W. Rowland



Youth Sexual Abuse Prevention Policy and Procedures

As a youth-serving organization, Dunn Police Athletic & Activities League considers the safety and well being of the youth in our programs a top priority. We prohibit abuse and strive to proactively address reports of this type of conduct, even if it means that someone will be embarrassed or upset. We want to hear about problems or concerns, and we will strive to act on them in a fair way in accordance with our policies.

We will report suspected abuse to the proper law enforcement agencies.

Policy and Procedures:

Dunn Police Athletic & Activities League has adopted the following policy and procedures in an effort to provide a safe environment for our Volunteers, athletes, and their families.

1. The Volunteer Recruitment process shall include the following:
 - a. Volunteer Application – Every coach and volunteer working with youth must complete our organization’s written application that sets forth appropriate background information, requires disclosure of any prior claims or allegations of sexual abuse or other inappropriate conduct, and provide the names of at least two individuals as references.
 - b. Screening – A designated representative(s) of the organization will interview each prospective coach/volunteer.
 - c. Background Check – All current and potential Volunteers will be subject to a background check, including appropriate inquiries regarding any previous record of sexual abuse or other unlawful activity. This background check will be updated at least every five (5) years for each coach/volunteer.
2. An Abuse Prevention Orientation shall be conducted annually. A Board Member will review this policy with volunteers and parents each year.
3. Prohibited Behavior
 - a. Use of degrading language or behavior. Volunteers are also responsible for stopping disrespectful behavior between team members, including sexual harassment.
 - b. Threatening or intentionally inflicting physical injury upon anyone, especially a minor. Volunteers are also responsible for stopping threatening behavior by players.

- c. Committing any sexual offense against a minor, or engaging in any sexual contact with a minor.
 - d. Making any sexual advance, or engaging in other verbal, or physical conduct of a sexual nature with a minor.
 - e. Non-related one-adult/one-child interaction except in an emergency where following this policy would be dangerous to the child. In an emergency situation, the coach or volunteer must contact a representative of the organization to inform him or her of this contact and the reason for it. If a child is receiving individual instruction or working with a private coach, this activity must be in a public setting rather than behind closed doors.
4. Reporting of Suspected Child Sexual Abuse
- a. A member of the Board of Directors or other official representative will be designated to receive reports of sexual abuse or other inappropriate conduct. This representative will promptly notify the proper law enforcement agencies.
 - b. All volunteers, parents and program participants are directed to report any incident of abuse or suspected abuse that they witness or that is reported to them to the designated representative of the Board of Directors. Note: This does not preclude individuals from reporting abuse or suspected abuse to the proper law enforcement authorities.
 - c. The designated representative will keep other Board members fully informed.
 - d. Should a suspected incidence of abuse be reported, the coach/volunteer in question may be temporarily suspended from duties while an investigation takes place.
 - e. The Board of Directors, when appropriate, shall communicate reports of child sexual abuse to the league members. The confidentiality of any who makes such a report will be protected.

Infectious Disease Control Policy

Dunn PAL will take proactive steps to protect the workplace in the event of an infectious disease outbreak. It is the goal of Dunn PAL during any such time period to strive to operate effectively and ensure that all essential services are continuously provided and that employees are safe within the workplace.

Dunn PAL is committed to providing authoritative information about the nature and spread of infectious diseases, including symptoms and signs to watch for, as well as required steps to be taken in the event of an illness or outbreak.

Preventing the Spread of Infection in the Workplace

Dunn PAL will ensure a clean workplace, including the regular cleaning of objects and areas that are frequently used, such as bathrooms, breakrooms, conference rooms, door handles and railings. Employees will be designated to monitor and coordinate events around an infectious disease outbreak, as well as to create work rules that could be implemented to promote safety through infection control.

We ask all employees to cooperate in taking steps to reduce the transmission of infectious disease in the workplace. The best strategy remains the most obvious—frequent hand washing with warm, soapy water; covering your mouth whenever you sneeze or cough; and discarding used tissues in wastebaskets. We will also provide alcohol-based hand sanitizers throughout the workplace and in common areas.

Unless otherwise notified, our normal attendance and leave policies will remain in place. Individuals who believe they may face particular challenges reporting to work during an infectious disease outbreak should take steps to develop any necessary contingency plans. For example, employees might want to arrange for alternative sources of child care should schools close and/or speak with supervisors about the potential to work from home temporarily or on an alternative work schedule.

Limiting Travel

All nonessential travel should be avoided until further notice. Employees who travel as an essential part of their job should consult with management on appropriate actions. Business-related travel outside the United States will not be authorized until further notice.

Employees should avoid crowded public transportation when possible. Alternative scheduling options, ride-share resources and/or parking assistance will be provided on a case-by-case basis. Contact your supervisor/manager for more information.

Telecommuting

Telework requests will be handled on a case-by-case basis. While not all positions will be eligible, all requests for temporary telecommuting should be submitted to your manager for consideration.

Staying Home When Ill

Many times, with the best of intentions, employees report to work even though they feel ill. Please DO NOT come into work, but remain at home. During an infectious disease outbreak, it is critical that employees do not report to work while they are ill and/or experiencing the following symptoms: fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Currently, the Centers for Disease Control and Prevention recommends that people with an infectious illness such as the flu remain at home until at least 24 hours after they are free of fever (100 degrees F or 37.8 degrees C) or signs of a fever without the use of fever-reducing medications. Employees who report to work ill will be sent home in accordance with these health guidelines.

Requests for Medical Information and/or Documentation

If you are out sick or show symptoms of being ill, it may become necessary to request information from you and/or your healthcare provider. In general, we would request medical information to confirm your need to be absent, to show whether and how an absence relates to the infection, and to know that it is appropriate for you to return to work. As always, we expect and appreciate your cooperation if and when medical information is sought.

Confidentiality of Medical Information

Our policy is to treat any medical information as a confidential medical record. In furtherance of this policy, any disclosure of medical information is in limited circumstances with supervisors, managers, first aid and safety personnel, and government officials as required by law.

Social Distancing Guidelines for Workplace Infectious Disease Outbreaks

In the event of an infectious disease outbreak, Dunn PAL may implement these social distancing guidelines to minimize the spread of the disease among the staff.

During the workday, employees are requested to:

1. Avoid meeting people face-to-face. Employees are encouraged to use the telephone, online conferencing, e-mail or instant messaging to conduct business as much as possible, even when participants are in the same building.
2. If a face-to-face meeting is unavoidable, minimize the meeting time, choose a large meeting room and sit at least one yard from each other if possible; avoid person-to-person contact such as shaking hands.
3. Avoid any unnecessary travel and cancel or postpone nonessential meetings, gatherings, workshops and training sessions.
4. Do not congregate in work rooms, pantries, copier rooms or other areas where people socialize.
5. Bring lunch and eat at your desk or away from others (avoid lunchrooms and crowded restaurants).

6. Encourage members and others to request information and orders via phone and e-mail in order to minimize person-to-person contact. Have the orders, materials and information ready for fast pick-up or delivery.

Outside activities

Employees might be encouraged to the extent possible to:

1. Avoid public transportation (walk, cycle, drive a car) or go early or late to avoid rush-hour crowding on public transportation.
2. Avoid recreational or other leisure classes, meetings, activities, etc., where employees might come into contact with contagious people.

Infectious Disease Control Policy Acknowledgement

By my signature below, I acknowledge that I have received and read the Infectious Disease Control Policy for Dunn Police Athletic & Activities League, Inc., and that I understand its contents.

I understand that I am required to abide by, and agree to abide by, Dunn Police Athletic & Activities League, Inc.'s policies as set forth in the policy or as otherwise adopted or implemented by the Company from time to time. I understand that there may be other policies or procedures in effect at Dunn Police Athletic & Activities League, Inc. from time to time that are not included in the Policy and Procedure Manual, and I agree to abide by those policies and procedures.

I understand that Dunn Police Athletic & Activities League, Inc. may rescind, modify, change, or deviate from the policy or any of its policies or procedures at any time, and any such rescission, modification, change, or deviation may become effective regardless whether the Policy and Procedure Manual has been revised or I have been notified.

I understand that this signed acknowledgement will be inserted in my personnel file.

Date

Employee/Volunteer Signature

Print Employee/Volunteer Name