



Dover Police Athletic League

Volunteer Application



Name (Please Print): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Employer/School _____

Date of Birth ____/____/____ Age _____ Gender: _____

Do you have any physical, medical or emotional conditions that might hinder your volunteer service or require us to provide you with extra assistance or supervision? Yes _____ No _____

If yes, please explain _____

Have you been convicted of a crime? Yes _____ No _____ Are you on probation? Yes _____ No _____

Are you volunteering to complete court-ordered community service? Yes _____ No _____

If yes, please list dates, convictions, number of hours needed and any other information you wish to provide: _____

Please indicate what area(s) you want to volunteer in:

PAL PROGRAMS	EVENTS:	OTHER:
<input type="checkbox"/> Homework Help <input type="checkbox"/> Tutoring <input type="checkbox"/> Sports <input type="checkbox"/> Computers <input type="checkbox"/> Other (Please Specify):	<input type="checkbox"/> Fundraising <input type="checkbox"/> Community Outreach <input type="checkbox"/> Marketing <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Contractors: (Please Specify)

Have you ever done volunteer work? Yes _____ No _____

Please list any skills and/or talents that might be useful: _____

What days/hours are you available? _____

Volunteer release:

I, _____, hereby agree to accept a position as a volunteer worker for the DOVER Police Athletic League (hereafter referred to as DOVER PAL), and in doing so, I agree to comply with all the rules and regulations established by DOVER PAL, and understand that failure to do so may result in my immediate termination as a volunteer. As a volunteer, I agree to do my best to represent DOVER PAL to the public in an accurate and professional manner. I certify that the answers given and statements made on this volunteer application are true and accurate. I authorize my school, employer and reference to provide information concerning my background. I understand that a preliminary criminal background check will be completed through the Dover Police Department. I also understand that this document does not constitute an employment or volunteer contract. I acknowledge that my services are provided strictly on a volunteer basis, without pay or compensation of any kind, and without liability of any nature on behalf of DOVER PAL, all services to be performed at my own risk. I understand that public relations are an important part of volunteering at DOVER PAL. On behalf of myself, my heirs, personal representatives, and executors, I hereby allow DOVER PAL to use any photographs taken of me for use in public relations efforts and will remain the property of DOVER PAL. I understand that the City of Dover provides no medical coverage for participants unless specified and that all bills which may be incurred as a result of an activity-related injury are my responsibility. I hold harmless the City of Dover, Dover PAL, Dover Police Department, their officers and all other parties involved in the conduction of these activities.

Volunteer Name (Please Print)

Volunteer Signature

Date

Emergency contact:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Dover Police P.A.L.

400 South Queen Street

Phone: (302)736-7122 ext:7848