



**NASSAU COUNTY POLICE ACTIVITY LEAGUE  
VOLUNTEER APPLICATION**

P.A.L. UNIT: **BALDWIN UNIT** \_\_\_\_\_ DATE: \_\_\_\_\_

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

Maiden Name: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_

Drivers License Number \_\_\_\_\_ Phone #: \_\_\_\_\_

Position Interested In: \_\_\_\_\_ If Coaching, what activity \_\_\_\_\_

I wish to volunteer to assist the Nassau County Police Dept. by applying for membership as an adult volunteer 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 Corporate Body.

I agree at all times to uphold the policy 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 violence-related offense?  
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 authorized the Nassau County P.A.L. to investigate and verify any information on this application.

SIGNED: \_\_\_\_\_ NAME PRINTED: \_\_\_\_\_

Witness:(P.O. DIRECTOR) \_\_\_\_\_

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FOR OFFICE USE ONLY

INDICATE ACTION: \_\_\_\_\_

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