

**Miami Police Athletic League, Inc. (PAL)**  
**400 N.W. 2<sup>nd</sup> Avenue**  
**Miami, Florida 33128**

**VOLUNTEER PROGRAM APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Work Phone: \_\_\_\_\_  
City State Zip

**AVAILABILITY** (Please place a check in the box that applies):

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Morning</b>						
<b>Afternoon</b>						
<b>Evening</b>						

Short Term: \_\_\_\_\_ Long Term: \_\_\_\_\_ Special Projects: \_\_\_\_\_

Are there any physical conditions to be taken into consideration when arranging volunteer assignments for you? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "Yes", please list: \_\_\_\_\_

Do you have any allergies? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "Yes" please list: \_\_\_\_\_

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**EMERGENCY INFORMATION**

In case of an emergency contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**SKILLS AND INTERESTS**

Current & Previous Work or Occupation: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Hobbies/Interests/Skills: \_\_\_\_\_

Special Training/Certification: \_\_\_\_\_

**EDUCATION** (Please check highest grade completed):

High School: \_\_\_\_\_ GED: \_\_\_\_\_

College: 1<sup>st</sup> Year \_\_\_\_\_ 2nd Year \_\_\_\_\_ 3rd Year \_\_\_\_\_ 4<sup>th</sup> Year \_\_\_\_\_

Bachelor's Degree: \_\_\_\_\_ Graduate Degree: \_\_\_\_\_ Doctorate Degree: \_\_\_\_\_

**REFERENCES**

Give three (3) references (not relatives) who are responsible adults of reputable standing in their communities; such as, former or present employers, business or professional men or women, your physician, or your school teacher, etc. Preferably those who have known you within the past five (5) years.

<b>Full Name of Reference:</b>	<b>Address</b> Residence:  Business:	<b>Telephone</b> Residence:  Business:
<b>Number of years acquainted:</b>	<b>Occupation:</b>	
<b>Full Name of Reference:</b>	<b>Address</b> Residence:  Business:	<b>Telephone</b> Residence:  Business:
<b>Number of years acquainted:</b>	<b>Occupation:</b>	
<b>Full Name of Reference:</b>	<b>Address</b> Residence:  Business:	<b>Telephone</b> Residence:  Business:
<b>Number of years acquainted:</b>	<b>Occupation:</b>	

Do you have any criminal convictions (other than parking violations?) Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "Yes", please list:

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

(Conviction will not automatically bar you from volunteering)

**I understand that I am not an employee of the Miami Police Athletic League, Inc. and that any duties that I perform are as a volunteer. I agree to abide by the procedures set forth by the Miami Police Athletic League, Inc. for my assigned work duties. I also understand that it is my responsibility to update any address, emergency, or other changes to the information on this form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

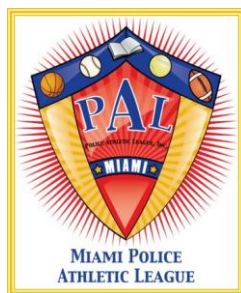
\_\_\_\_\_  
**Parent/Guardian (if under 18 years of age)**



**FOR OFFICE USE ONLY: Site Assigned:** \_\_\_\_\_

**PAL Coordinator:** \_\_\_\_\_

**PAL Supervisor:** \_\_\_\_\_



## **AUTHORIZATION**

I have applied for a volunteer position with the Miami Police Athletic League, Inc. I fully understand the sensitive nature of this assignment and I recognize the necessity for a thorough investigation into my background.

In view of this need, I hereby expressly authorize any individual, company or institution to supply the Miami Police Athletic League, Inc. any information concerning my personal or job history.

I further authorize the Miami Police Athletic League, Inc. to release any information concerning my personal or job history to any governmental agency.

It is also agreed that I hereby expressly waive any claim or right of action against any party as a result of the release of any personal or job history information.

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**Social Security Number**

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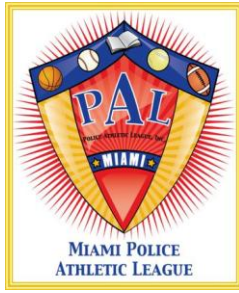
**Signed**

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**Date**

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**Witness**



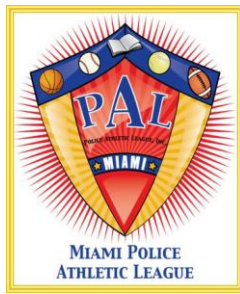
## VOLUNTEER INTEREST FORM

**Name:** \_\_\_\_\_

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

Please indicate your interests by checking the appropriate box. Return this form with your Volunteer Application to the Miami Police Athletic League, Inc.'s Coordinator.

Typing	
Answering Telephones	
Filing	
Writing	
Research	
Contacting People	
Art/Graphic Designing	
Dance	
Football	
Basketball	
Cheerleading	
Speaking to Groups	
Tennis	
Swimming	
Tutoring	
Mentoring	
Computer Programming	
Health & Wellness Education	
Martial Arts/Karate	
Music	
Photography	
Other:	



**Miami Police Athletic League, Inc.  
Volunteer Program**

**STANDARDS, REGULATIONS, AND GUIDELINES**

**HYGIENE**

Good personal hygiene standards are required at all times, while representing Miami PAL.

**GROOMING**

A neat, clean, appearance is required of all PAL Volunteers.

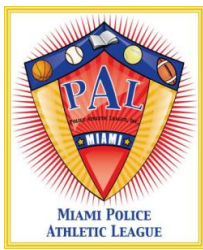
- **Hair:** A neatly combed, attractive hairstyle is essential. For women, hair below the collar must be pulled back or braided. For men, hair below the collar must be tied back and worn under your hat. Any hair confinements used to tie back hair should be subtle and complement your PAL Volunteer uniform. Any extreme styles that include dying, bleaching, tinting, shaving the eyebrows, or shaving logos or designs in your hair are not permitted. Mustaches, beards and sideburns are permitted but must be neatly trimmed and not excessive.
- **Fingernails:** Fingernails shall not extend over the end of the finger for more than one half (1/2) of an inch. Fingernails will be rounded, kept clean, and free of stick-on, or painted on decorations. Female volunteers will adhere to subdued, modest colors of fingernail polish, (e.g. pastel.)
- **Tattoos:** Tattoos should not be visibly displayed. Volunteers who have a visible tattoo or skin branding will be required to cover the tattoo/skin branding with a flesh-toned bandage or band-aid, to ensure that the tattoo or skin branding is not visible, when volunteering. Tattoos that are obscene that advocates racial, sexual, ethnic, or religious discrimination are prohibited.

**DRESS**

- PAL Volunteer uniforms should be worn for work purposes only and must not be worn when not volunteering.
- PAL Volunteer uniforms must be neat, clean and pressed at all times.
- Hats or caps (if given) that are part of the PAL Volunteer uniform must be worn while on Volunteer duty. Hats or caps that are not part of the uniform are not permitted.
- Hats or caps that are part of the uniform must be worn while on duty. Hats or caps that are not part of the uniform are not permitted.

- **Jewelry:** A watch, a bracelet, and a maximum of two (2) rings may be worn. These items must not be of such size or shape that they would impair job performance and will not be a hazard to anyone. Jewelry items lost, damaged, or stolen will not be replaced. Necklaces of any type shall not be worn unless completely concealed by the uniform at all times.

**Earrings: Earrings are NOT permitted for men.** No more than a single earring in each ear is acceptable for women. It must be a simple, matched pair in gold, silver or a color that blends with the uniform. The shape of the earring must be in good taste and complement the uniform. Earrings can be clip-on or pierced, and must be worn on the bottom of the earlobe. Earrings cannot exceed three-fourths inch in size (approximately the size of a nickel). Visible body piercings (nose rings, tongue rings, or any other inappropriate piercings as determined by the PAL Coordinator) are not permitted. Earrings of the small post type that do not hang below the ear lobe may be worn by female employees only. However, no more than one such earring shall be worn in each ear at any time. Any jewelry worn with the uniform will not be gaudy, will not hinder performance, and will not be a hazard to anyone.



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**WORK AGREEMENT FORM**

(Name) \_\_\_\_\_ agrees to give \_\_\_\_\_ hours per week/month (circle one) in \_\_\_\_\_ (Organization).

I understand that, as an official volunteer to the Miami Police Athletic League, Inc., I will be expected to assume the responsibilities of my position in a professional manner, and agree to:

1. Be punctual and reliable.
2. Notify my supervisor as soon as possible if delayed or unable to keep my schedule.

\_\_\_\_\_  
(Supervisor's Name)

\_\_\_\_\_  
(Phone Number)

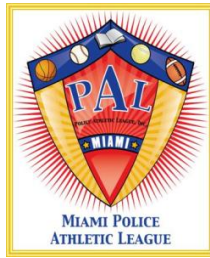
3. Keep all data confidential. (Names and addresses of victims and/or persons being investigated by the Miami Police Department and/or Miami Police Athletic League, Inc. are not to be discussed outside the confines of the Police Department or any site of Miami PAL. To do so is a felony and would constitute reason for prosecution and dismissal from the program)
4. Ask my supervisor when I have a question.
5. Make suggestions that I feel would enhance my effectiveness to the Organization.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In return, the Miami Police Athletic League, Inc. agrees to:

1. Provide volunteer with an orientation session as well as on-the-job training by experienced staff.
2. Provide adequate space, working conditions and privileges given to the paid staff.
3. Review volunteer performance on a regular basis, keep account of volunteer hours, and provide a letter of recommendation when requested.

Volunteer Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_



**Miami Police Athletic League, Inc.  
Volunteer Program**

**VOLUNTEER TIME SHEET**

Volunteer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Signature	Time In	Time Out	Date

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Total Hours (this page): \_\_\_\_\_