



Police Athletic League of Philadelphia

2524 East Clearfield Street
Philadelphia, PA 19134
215-291-9000 Fax 215-426-3263



Volunteer Application

Name _____ D.O.B. ____/____/____

Home Address _____ Zip _____

City _____ State _____ Social Security # ____/____/____ Race _____

Phone# _____ Email Address: _____

Occupation _____
(Students, give school/graduation date)

Have you ever done volunteer work? ____ Yes ____ No Where? _____

Is this court ordered community service? ____ Yes ____ No

Please mark your area(s) of interest:

Arts & Crafts _____ Tutoring _____ Sports _____ Homework Help _____
Coaching _____ Computers _____ Other _____

PAL operates Mon. thru Fri; fall hrs 3pm-9pm, summer hrs 9am-3pm

What days/hours are you available? _____

In which center(s) would you like to Volunteer? _____

Reference:

Name _____ Relationship _____

Address/Phone# _____

Emergency Contact:

Name _____ Relationship _____

Address/Phone# _____

I certify that the answers given and statements made are true and correct. I authorize my school, employer and reference to provide information concerning my background. I understand that I am subject to a criminal background check. I also understand that this document does not constitute an employment or volunteer contract. I further understand that I must abide by the Police Athletic League's rules and regulations.

Applicant Signature

Date