



POLICE ACTIVITIES LEAGUE
EGG HARBOR TOWNSHIP & ATLANTIC COUNTY
2542 Ridge Avenue, Egg Harbor Township, NJ 08234
609.645.8413 / EHTPAL.org



VOLUNTEER APPLICATION

PLEASE PRINT CLEARLY. THE FOLLOWING INFORMATION IS *REQUIRED* TO BE COMPLETE & SUBMITTED *EACH YEAR*:

Name _____ Date of Birth ___/___/___ SS# ___/___/___

Street _____ City/State _____

Zip Code _____ Phone # _____ Email Address _____

Occupation _____ Place & Address of Employment _____

Have you ever been arrested? ___ YES ___ NO

If YES, please describe: _____

What program(s) or area(s) of PAL would you like to be involved with?

- | | | | |
|----------------------|--------------------|-------------------------|-------------------------|
| ___ Building Support | ___ Landscaping | ___ Before & After Care | |
| ___ Special Events | ___ Mentoring | ___ PAL Camps | ___ General Office Help |
| ___ Fundraising | ___ Coaching | ___ Ready to Ride | ___ Other |
| ___ Grant Writing | ___ Crossplex Help | ___ Robotics | |

Do you possess any special skills or talents that you wish to use or share in the PAL organization?

By signing this application I am aware that I am subject to a criminal history check to determine my eligibility to be a PAL volunteer.

_____/_____/_____
Signature _____ Print _____ Date _____

Please return to: EHT PAL • 2590 Ridge Avenue • Egg Harbor Twp., NJ 08234

Program Coordinator Use Only: Indicate applicant's requested volunteer function. If applicant is a coach, please indicate which team and level (Jr./Assistant/Head Coach etc.):

Office Use Only:

Date Received: _____ Reviewed/Approved by Director: _____

Membership ID #: _____