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	____ STEM Workshops
____ 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 • 2542 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 #: _____