GGAPP YOUTH TEAM APPLICATION

A Part of Police Activities League *of Greater Portland*

Contact Information			
Name	Last:	First:	MI:
Maiden Name/Other Names used:			
Date of Birth	/ /	SS#:	Race:
Street Address			
City, State, Zip			
Home Phone			
Work Phone/Cell Phone/Pager			
E-Mail Address			
Driver License Number/State	#:	State:	BPST#: (for officers)
List all States you have resided in over the past 5 years			
Occupation			
Employer, Address, ST/Zip			

Availability	
_____ Weekday mornings _____ Weekend mornings _____ Weekday afternoons	_____ Weekend afternoons _____ Weekday evenings _____ Weekend evenings

Interests – Tell us how Drugs & Alcohol prevention is important to you.

Special Skills or Qualifications and Previous Volunteer Experience
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Non-related references

Name	Daytime Phone	Mailing Address

Educational Background

School Name	Dates Attended	Highest Grade Completed	Degree Earned

Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip	
Home Phone	
Work Phone	
E-Mail Address	

Agreement, Signature and Policy

Read the following carefully before you sign:

- Due to the nature of the work involved with GGAPP/ PAL, all prospective volunteers will be subject to a criminal history check. This check is confidential and open to explanations. By signing on the line below, you are both authorizing this background check and confirming that all information listed above are valid and truthful to the best of your knowledge.
- A false statement on any part of your application will be grounds for not selecting you, or for removing you from the PAL staff after you have been selected.
- I consent to the release of information about my ability and fitness for service as a PAL staff member by my workplace, schools, law enforcement agencies, and other individuals and organizations, to investigators, personnel staffing specialists, and other authorized employees of PAL.

_____ _____

Signature Date

Please return to:

GGAPP Volunteer Coordinator
Police Activities League
Mailing Address: 449 NE Emerson Street * Site Address: 424 NE Killingsworth Street
Portland, OR 97211
503-823-0250
Fax: 503-823-5841

It is the policy of The Police Activities League of Greater Portland in Oregon to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.

For office use only:

_____ *Date Received* _____ *Background Check Complete*

_____ *Orientation Notice Sent* _____ *First Volunteer Activity Completed*