



Flagler County P.A.L. VOLUNTEER APPLICATION



(All sections must be completed)

SOCIAL SECURITY NUMBER			DRIVER'S LICENSE NUMBER		STATE
LAST NAME		FIRST NAME	MI	SUFFIX	
TELEPHONE	STREET ADDRESS		CITY	STATE	ZIP
BUSINESS EMPLOYER		BUSINESS TELEPHONE		E-MAIL ADDRESS	
GENDER	DOB	NAMES OF CHILDREN PARTICIPATING			

CRIMINAL RECORD
 Have you ever been arrested, charged or received a notice of summons to appear, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? Yes No
 If you answered yes, explain below.

Arrest Date	County/State	Charge	Disposition

I VOLUNTEER TO

NAME(S) OF MY CHILD(REN) I WISH TO COACH

MANAGER

ASSISTANT COACH
DIVISION

BOARD MEMBER

PROFESSIONAL REFERENCE (EMPLOYMENT, SCHOOL, CHURCH OR OTHER ORGANIZATION)

LAST NAME		FIRST NAME		RELATIONSHIP	
TELEPHONE	STREET ADDRESS		CITY	STATE	ZIP

PERSONAL REFERENCE (NON-RELATIVE, KNOWN AT LEAST ONE YEAR)

LAST NAME		FIRST NAME		RELATIONSHIP	
TELEPHONE	STREET ADDRESS		CITY	STATE	ZIP

DISCLOSURE STATEMENT

I have read and understand that I may be disqualified and prohibited from serving as an employee or volunteer of the Flagler P.A.L. if, among other things, I have:

1. Been convicted (including crimes of record which have been expunged and pleas of "no contest") of a crime of child abuse, sexual abuse of a minor, physical abuse, causing a child's death, neglect of a child, murder, manslaughter, felony assault or any assault against a minor, kidnapping, arson, criminal sexual conduct, prostitution related crimes, controlled substance crimes or any other felony.

2. Been adjudged liable for civil penalties or damage involving sexual, physical or verbal abuse of children;
3. Been subject to any court order involving any sexual, physical or verbal abuse of a minor, including, but not limited to, a domestic or protection order.
4. Had parental rights terminated;
5. A history with another organization (volunteer, employment, etc.) of complaints of sexual, physical or verbal abuse of minors;
6. Resigned, been terminated or been asked to resign from a position, whether paid or unpaid, due to a complaint(s) of sexual, physical or verbal abuse of minors;
7. A history of behavior that indicated I may be a danger to children in the P.A.L. program.

DISCLAIMER:

Do any of the statements apply to you? YES NO

If you checked "yes" to any disclosure item, please indicate number(s) _____ and attach an explanation on separate page.

WAIVER, CONSENT AND RELEASE OF LIABILITY:

I hereby consent to the investigation and verification of all information given in this application, including searches of law enforcement and public records (including driving records and criminal background checks), contact with former employers and reference interviews. I hereby release and agree to hold harmless P.A.L. and its officers, employees and volunteers, and any person or organization that provides information for or to P.A.L. concerning the use of or any attempt to verify the information provided in this application. I declare that all of the information given by me in this application is true and complete to the best of my knowledge, and I understand that any misrepresentation or omission may be cause for suspension or dismissal from my volunteer status with PAL. If accepted as a PAL. volunteer, I hereby agree to abide by the PAL. bylaws, rules, regulations, policies and philosophies, and ALL decisions and directions of the local, state and the national board of directors, and understand that I may be removed as a PAL. volunteer at any time with or without cause.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:

For myself and on behalf of my heirs, assigns and next of kin, I acknowledge that participation in PAL. necessarily involves travel, participation on adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. For myself and on behalf of my heirs, assigns and next of kin, I willingly and voluntarily accept and assume all such risks of participation. I further acknowledge that the Flagler County PAL. is primarily administered by volunteers rather than paid professional. In consideration of accepting the registration and permitting my voluntary participation in its programs, for myself and on behalf of my heirs, assigns and next of kin, I hereby release, discharge and agree to hold harmless P.A.L., its employees, volunteers, officials, sponsors and other representatives from any and all claims, demands, costs, expenses and compensation arising to of or in any way related to any injury or other damage that may result to me while participating in any PAL. sponsored event, including any physical or other injury caused by the negligence of any such person while performing his/her duties at any time.

I HAVE READ THE ABOVE DISCLOSURE STATEMENT, WAIVER, CONSENT AND RELEASE OF Liability, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER AND ACKNOWLEDGMENT AND CONSENT AGREEMENTS. FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY WITHOUT INDUCEMENT OF ANY KIND.

Signature _____

Date _____

