



# WEST MELBOURNE POLICE ATHLETIC LEAGUE

## VOLUNTEER APPLICATION

The following information is requested of you for verification and contact purposes. Please print clearly. All questions must be answered truthfully. If a question is not applicable, so state by indicating "N/A". **Incomplete applications will not be considered.**

Your Name			
Last	First	Middle	
Other names (including nicknames) you have used or been known by:			
Please list address at which you can be contacted.			
Number	Street	City	State Zip Code
Please list local telephone numbers(s) at which you can be contacted.		( ) Hrs. you can be contacted:	( ) Hrs. you can be contacted:
Birthdate		You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation?	
Month	Day	Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number		<i>Social Security Number is requested for the sole purpose of Volunteer Background Investigations.</i>	
Email Address:		Social Media Pages (ie Facebook, Twitter)	

Have you EVER applied for employment with the West Melbourne Police Department?  YES  NO

If YES, please supply dates: \_\_\_\_\_

Are you willing to commit to the volunteer program for one year with the understanding you will be required to volunteer for a minimum of one PAL event per month (minus extenuating circumstances)?  YES

Failure to volunteer for a PAL event for three consecutive months without an extenuating circumstance may result in your release from the PAL Volunteer Program. \_\_\_\_\_ Initials

What is your reason for volunteering with us, what do you see as the result of your volunteering, and please add any special skills:

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T-Shirt Size (Adult sizes only): \_\_\_XL \_\_\_L \_\_\_M \_\_\_S \_\_\_Other

## EMPLOYMENT

CURRENT EMPLOYMENT			
Dates of employment		Name and address of employer	Name of supervisor
From Mo. Yr. /	To Mo. Yr. /	Telephone No.	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		Title or duties	Names(s) of co-worker(s)
Reason for leaving			
<input type="checkbox"/> Not employed		From: Mo. Yr. /	To: Mo. Yr. /

## LEGAL

If you have ever been arrested or convicted for any crime <b>excluding</b> traffic citations, please give the following information:		
Date	Police Agency	Circumstances

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?  Yes  No  
 If yes, please give details (when, where, name and location of court, circumstances).


## EMERGENCY CONTACT

Name Relationship	Address
Home Phone	Work Phone

## DRIVING HISTORY

Operation of a motor vehicle may be an integral part of the position of volunteer. An investigation of your driving history will be made through a records check.

Florida driver's license number			Expiration date
Please list other states where you have been licensed to operate a motor vehicle.			
State	State	State	State
Name under which license was granted	Name under which license was granted	Name under which license was granted	Name under which license was granted
Have you received any traffic citations within the last 5 years? How many? _____			
Nature of Violation	Location (city)	Approximate Date	Indicate whether fined or action taken on driver's license
Have you ever been involved as a driver in a motor vehicle crash within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details for each accident.			
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> No-injury	
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> No-injury	
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
If there is anything you wish to discuss about your driving record, please use the space below.			

Thank you for your time in completing this volunteer application. If you have any questions regarding this application, please call 321-723-9673.



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## RELEASE, WAIVER AND INDEMNIFICATION

The West Melbourne Police Department is authorized to verify any and/or all of the information contained on the application form. I understand that, in submitting this volunteer application for appointment, I agree to abide by the following terms and conditions:

I hereby certify that all statements made in this application are true and I agree and understand that any omission, falsification, misstatement or misrepresentation may disqualify me as an applicant with the West Melbourne Police Athletic League (WMPAL). All statements made by me on this application are true, correct and complete, to the best of my knowledge.

I hereby release the City of West Melbourne, the West Melbourne Police Department, and the West Melbourne Police Athletic League from any liability for access to my criminal history and motor vehicle records, including, but not limited to arrests, warrants, convictions and disposition of charges. I understand that these matters are confidential and I give my full release and agreement to the City of West Melbourne to use my information to determine my eligibility for membership in the West Melbourne Police Athletic League volunteer program.

If accepted for appointment, I agree to abide by and comply with all rules, regulations, and policies and procedures of the West Melbourne Police Athletic League. I understand and agree that I am free to terminate my appointment at any time. I further understand and agree that WMPAL has the right to terminate my appointment with or without cause. I understand and acknowledge that West Melbourne Police Athletic League is a non-profit entity and not a law enforcement agency. I understand and agree that volunteering with WMPAL does not confer the status or authority of a police officer or employee of the West Melbourne Police Department. I understand that, pursuant to s. 843.08, Florida Statutes, falsely assuming or pretending to be a police officer and acting as such is a felony.

I SWEAR OR AFFIRM THE ABOVE INFORMATION AND CONTENTS OF THIS APPLICATION ARE TRUE AND CORRECT.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ BY \_\_\_\_\_

Printed Name

WHO IS PERSONALLY KNOWN TO ME OR HAS PRODUCED THE FOLLOWING IDENTIFICATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTARY SIGNATURE

Notary Printed Name: \_\_\_\_\_

My Commission Number: \_\_\_\_\_