

**MOLALLA POLICE ACTIVITIES LEAGUE
VOLUNTEER APPLICATION FORM**

www.molallapal.org



Please return to:

Mail: Molalla PAL, PO Box 726, Molalla, Oregon 97038

Email: beth_faulhaber@hotmail.com

Or for more information contact Beth Faulhaber at 503-793-3504

Please check any/all that are applicable:

- Community Services Hours Requested
- Internship/College Credit Requested
- Wrestling Mat Club

NAME: _____
(Last) (First) (Middle)

MAIDEN NAME/OTHER NAMES USED: _____

DATE OF BIRTH: ____/____/____ SS# _____ - _____ - _____ RACE: _____

HOME ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE: _____ MESSAGE/PAGER/CELL: _____

E-MAIL: _____

DRIVERS LICENSE # _____ STATE _____ BPST#(for officers) _____

LIST ALL STATES YOU HAVE RESIDED IN OVER THE PAST FIVE YEARS: _____

OCCUPATION: _____

EMPLOYER: _____ WORK #: _____

EMERGENCY CONTACT: _____ PHONE#: _____

WHAT ARE THE BEST DAYS/TIMES FOR YOU TO VOLUNTEER?

HAVE YOU DONE LOCAL VOLUNTEER WORK BEFORE?

IF YES, FOR WHAT ORGANIZATION(S):

HOW DID YOU HEAR ABOUT MPAL? _____

WHY ARE YOU INTERESTED IN VOLUNTEERING WITH MPAL?

PLEASE LIST NON-RELATED REFERENCES:

NAME	DAYTIME PHONE	MAILING ADDRESS

EDUCATIONAL BACKGROUND:

SCHOOL NAME	DATES ATTENDED	HIGHEST GRADE COMPLETED	DEGREE EARNED

SPECIAL SKILLS:

- Foreign Language _____
- Coaching the following sports: _____
- Other: _____

Read the following carefully before you sign:

- ◆ Due to the nature of the work involved with MPAL, all prospective employees and 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 as a MPAL volunteer after you have been selected.
- ◆ I consent to the release of information about my ability and fitness for service as a MPAL volunteer by my workplace, schools, law enforcement agencies, and other individuals and organizations, to investigators, personnel staffing specialists, and other authorized employees of MPAL.

Signature

Date

Signature of Parent/Guardian for those volunteers under 18

Date

For office use only:

_____ *Date Received* _____ *Background Check Complete*
_____ *Orientation Notice Sent* _____ *First Volunteer Activity Completed*