



Central Florida Police Athletic League

"Every child needs a PAL"

P.O. Box 540148 - Orlando, FL 32854-0148 T: 407.291.1996 F: 407.291.0939
Program: Northwest Community Center, 3955 W.D. Judge Dr., Orlando, FL 32808
www.centralfloridapal.org

Dear Volunteer,

The Central Florida Police Athletic League's mission is to **prevent** juvenile crime and violence, **develop** citizenship skills and **promote** respect for the law by providing athletic, educational and recreational activities to assist at-risk youth in Central Florida. Our programs foster a sense of self-respect as well as respect for others and respect for the law. The services we provide are offered to boys and girls between the ages of 5 and 18 years old.

Our services can be divided into two programs. Educational and Youth Sports. Programs are funded by Heart of Florida United Way, City of Orlando, and Orange County -- Citizens Commission for Children and foundation, corporate, individual and civic partners.

Please read this information carefully and complete the application in its entirety.

Use black ink or type. An application must be completed and submitted even if a resume has been furnished. Incomplete applications will not be considered.

Criminal Records Screening:

All volunteers undergo a background screening which includes fingerprinting and a criminal history check. A prior criminal record may or may not result in your disqualification to volunteer with the Central Florida Police Athletic League.

You are responsible for the fee to have your fingerprints rolled and Central FL PAL will pay the cost of your background screened.

Drug Free Workplace:

The Central Florida Police Athletic League is a drug free workplace.

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION FOR ORGANIZATION CH2030 MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. 1-800-433-7352. 100% OF YOUR GIFT IS RETAINED FOR USE BY THIS ORGANIZATION.

City of Orlando

Funded by
Heart of Florida United Way

Orange County



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Date of Application: _____

ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETE TO BE CONSIDERED AS A VOLUNTEER

Last Name	First	Middle	Social Security #
Present Address (Number/Street, City, Zip)			Home Telephone ()

Permanent Address (Number/Street, City, Zip)	Business Telephone ()
What days and hours are you available?	Are you legally eligible for employment in the United States? D Yes D No
Volunteer Interest Area and Age Group:	
Other special training, skills or Professional or Civic Memberships	When will you be available to start?

References

1. _____ Phone: _____
2. _____ Phone: _____

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