

Yakima Police Athletic League Volunteer Application

602 N 4TH St. (509) 575-6180

Last Name:		First:		M.I.	SSN: - -		DOB: / /	
Address:			City:		Zip:		Phone: ()	
Cell Phone: ()			Employer:			Position:		
Work Phone: ()				E-Mail Address:				
Education:		Please check the last level of education completed:						
<input type="checkbox"/> High School/GED		Year of graduation:			School:			
<input type="checkbox"/> College		Major/Degree:			School:			
Availability:		Position Desired:						
Have you done volunteer work before?							<input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, what & where?								
During which hours are you available for volunteer assignments?								
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday		
<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM		
<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM		
Here are some of our needs. Tell us which areas you are interested in volunteering:								
<input type="checkbox"/> Special Events		<input type="checkbox"/> Fundraising		<input type="checkbox"/> Clerical		<input type="checkbox"/> Coach; Sport:		
<input type="checkbox"/> Other please explain:								
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports:								
Who referred you to YPAL?								
Why do you want to volunteer?								
Does your business/corporation have a dollar-matching program?							<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes who is the contact person?					Phone:			
Does your school have a volunteer community service program?							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you receiving credits for your volunteer work?							<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes who is your advisor?					Phone:			
Background:		Have you ever been convicted of a Felony?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes please explain:								
Have you ever been convicted of a crime against a minor?							<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes please explain:								
References	1.		Phone:					
	2.		Phone:					
	3.		Phone:					
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I also understand that by signing this I am subject to a background check. Further, you may provide information obtained in the background check to the YPAL Board of Directors at their request. I hereby release your organization or others from any liability or damage which may result from furnishing the information requested.								
Signature:							Date:	

For office use only:

Date submitted: _____	WACIC/NCIC <input type="checkbox"/> Yes <input type="checkbox"/> No	DEC/Local Checks <input type="checkbox"/> Yes <input type="checkbox"/> No	Reports attached <input type="checkbox"/> Yes <input type="checkbox"/> No	Date completed: _____
PSN Rcvd: _____	PSN: _____	PSN _____	PSN _____	PSN _____