



POLICE ATHLETIC LEAGUE JUNIOR VOLUNTEER APPLICATION

Code of Conduct

Agency Mission

The Police Athletic League, together with the NYPD and the law enforcement community, supports and inspires New York City youth to realize their full individual potential as productive members of society. ***For these reasons and for the safe and secure management of the center, the following rules exist and WILL BE ENFORCED.***

All PAL Junior Volunteers **MUST:**

- 1) Have a stated and authorized purpose for entering the building;
- 2) Maintain professionalism while carrying out volunteer duties,
- 3) Keep from hanging out or roaming in the building, which includes the main lobby, hallways, bathrooms, stairwells, offices, etc. (No social visits are permitted during work hours so that staff remain focused on their duties and service to our members);
- 4) Remove hats and head gear upon entering the center, and eat only in approved areas;
- 5) Communicate & interact respectfully with others;
- 6) Keep from bringing weapons of any kind into the building
- 7) Keep from chewing gum and eating seeds anywhere in the facility;
- 8) Keep from bringing personal property into the building (PAL is not responsible for any lost or stolen items)
- 9) Keep from disrupting or interfering in the operations of the facility
- 10) Keep from engaging in destructive behavior, such as but not limited to; activating the fire alarm, vandalism and possessing and using drugs or alcohol.
- 11) Wear volunteer shirts or ID Badges.

Suspension & Termination Policy

At the discretion of the Volunteer Coordinator, and Service Site Supervisor (i.e. Center Director), Junior Volunteers (JV) can and will be suspended (depending on the infraction) for a variety of days, weeks, months, or the entire program season if they **knowingly** and **repeatedly** violate the above mentioned rules.

Junior Volunteers who knowingly violate the rules will be warned before they are considered for suspension. Suspensions will be used to hold disruptive junior volunteers accountable for their actions, and to remind junior volunteers that volunteering at the Police Athletic League is a privilege.

When a suspended junior volunteers returns to the center, he or she is given a fresh start. No mention is made of the suspension so as to not stigmatize or pressure the youth. Serious violation of PAL policy will result in termination and refusal to complete letters of service or invitation to service recognition events, not just suspension of volunteer service.

Our strict policies are not designed to be punitive, but to reward positive behavior and to hold children/youth/junior volunteers accountable for negative behavior. Allowing rules to be disregarded places your child(ren) in danger, sends the wrong message to our youth, and stands contrary to our mission of providing youth with a safe, clean and positive environment where they can flourish and grow.

We hope that parents understand and support our effort to run a productive center with quality programming by people who genuinely care about the community and are committed to fostering a positive environment for the growth and development of youth.

_____/_____/_____
Junior Volunteer Signature Date

_____/_____/_____
Parent Signature Date



POLICE ATHLETIC LEAGUE JUNIOR VOLUNTEER APPLICATION

34 ½ E 12TH ST, New York, New York 10003

Training and Volunteer Services Department
volunteer@palnyc.org

VOLUNTEER APPLICATION

Name _____ D.O.B: _____
S.S. _____

Address _____
Street Apt. No City State Zip Code

Phone Number () _____ - _____ Mobile Number () _____ - _____
School: _____

Email _____

Reference		Emergency Contact	
Name:	Relationship:	Name:	Relationship:
Phone:		Phone:	
Email:		Email:	
Mailing Address:		Mailing Address:	

Please mark your area(s) of interest:

- ☐ Tutoring ☐ Special Events Assistance ☐ Mentoring ☐ Board games ☐ Administrative Support
- ☐ Athletics: Baseball Basketball Soccer Volleyball Track Martial Arts
- ☐ Education: Fitness training Career Readiness Computers Arts & Crafts Dance Music ☐ Other:

1. How did you hear about PAL? _____

2. Have you done volunteer work before? Yes ☐ No ☐ Where: _____

3. Do you know anyone who currently works at PAL? Yes ☐ No ☐ If Yes who? _____

When are you available to volunteer?

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times						

I certify that the answers given and statements are true and correct. I authorize my school, employer and reference to provide information concerning my background. I understand that this document does not constitute an employment or volunteer contract. I further understand that I must abide by the Police Athletic League's rules and regulations.

If you are under the age of 18 your parent or legal guardian must also sign this application.

ASSIGNMENT

Start Date: __/__/__

Department/Center: _____

Hours/ Days _____

Position: _____



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(Please Print! Complete all questions legibly)

Name: _____ Age: _____ Date of Birth: _____

Address: _____ Phone: _____

EMERGENCY CONTACT INFORMATION (Parent or guardian)

Name: _____ Relationship to youth: _____

Address: _____

City: _____ State: _____ Zip Code _____

Home Phone: _____ Work Phone _____ Cell: _____

PRESCRIBED MEDICATIONS:

Medication Name:

When/how is medication taken?

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

HEALTH CONDITIONS AND RESTRICTIONS:

Please list any health concerns that may affect your everyday life or that may affect your ability to perform any strenuous physical activities (examples: asthma, heart conditions, diabetes, hypoglycemia, epilepsy, etc.) Also very important to mention allergies to bee stings or spider bites, foods such as shellfish, peanuts or peanut butter, etc.

DIETARY RESTRICTIONS: Any special needs or food allergies, prohibitive foods due to religious customs _____

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Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____