

Fingerprints: _____
Photo: _____
Code of Ethics _____
Clearance date: _____
ID Issued: _____
(For Department use)

2018
MILPITAS P. A. L.
VOLUNTEER REGISTRATION FORM

Position: _____ Title: _____ Team: _____

SPORT: CIRCLE ONE (Soccer) (Football) (Jr. Giants Baseball)

Volunteers/Coaches: _____NEW or _____RETURNING

NAME: _____
Last First Middle

ADDRESS: _____

City State Zip Code

HOW LONG AT THIS ADDRESS: _____ HOME PHONE: _____

WORK PHONE: _____ OTHER PHONE: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

DRIVER'S LICENSE #: _____ EXP. DATE: _____

SOCIAL SECURITY NUMBER: _____

EMPLOYMENT ADDRESS: _____

HOW LONG AT THIS JOB: _____ COACHING EXPERIENCE _____

POSITION VOLUNTEERING FOR: _____
(Board Member, Coach, Manager, Team Mom, etc.)

DO YOU HAVE CHILDREN PARTICIPATING IN THE PROGRAM? YES _____ NO _____

Name/Age: _____

You must complete both forms

HAVE YOU EVER BEEN ARRESTED FOR ANY CRIME?: NO: _____ YES: _____ LIST DETAILS BELOW

DATE(s): _____

POLICE AGENCY(s): _____

CIRCUMSTANCES/DISPOSITION: _____

ARE YOU PRESENTLY ON ACTIVE PAROLE OR PROBATION: YES ___ NO ___
IF YES, PLEASE EXPLAIN:

IS YOUR DRIVER'S LICENSE NOW OR HAS IT EVER BEEN SUSPENDED, REVOKED OR PLACED ON NEGLIGENT OPERATOR'S PROBATION? YES _____ NO _____

IF YES, PLEASE EXPLAIN: (What, where, when and why)

DECLARATION OF APPLICANT

I hereby authorize this application to serve as a release allowing the Milpitas Police Department to obtain information concerning me from the files of any criminal justice agency, including but not limited to, arrest information, conviction information and any report where I am named as a suspect.

Additionally, I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination from the Milpitas Police Activities League.

THE MILPITAS PAL DIRECTOR WILL DETERMINE THE FINAL APPROVAL.

Signature of Applicant: _____ Date: _____

Do Not Write Below This Line

Accepted Rejected COMMENTS: _____

DIRECTOR

Date

THIS FORM MUST BE SIGNED