



HARRISBURG POLICE ATHLETIC LEAGUE ADULT VOLUNTEER/ MENTOR APPLICATION

VOLUNTEER INFORMATION

LAST Name: _____ FIRST Name: _____ MI: _____

Address: _____

Phone: _____ Email: _____

Birthdate: ___/___/___

Gender: M F

Ethnicity:

- American Indian/Alaskan Native
- Asian/ Pacific Islander
- Black/ African American
- Hispanic/ Latino
- White/ Caucasian
- Other

Program Interested in:

- Heart to Heart
- Mentoring Through Sports (Sport: _____)
- Other: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Phone: _____ Email: _____

PLEASE SEE REVERSE FOR MORE

In compliance with PA Child Protective Services Law (Act 15), all HPAL volunteers are required to have on file the following:

- a. Pennsylvania State Police Background Check (free, available online)
- b. PA Dept. of Human Services Child Abuse Check (free, available online)
- c. FBI Fingerprint Based Criminal History Clearance or a disclosure statement for those who have lived in Pennsylvania for 10 consecutive years or more.

I consent that photographs taken of me are the property of the Harrisburg Police Athletic League and may be reproduced and publicized as the HPAL desires at any time, free of claims on my part.

Signature of Applicant: _____ Date: _____

*Submitting an application does not imply acceptance, and each volunteer will be advised on their approval.