

# PAL'S VOLUNTEER HANDBOOK



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Volunteer's Name

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APD/Officer

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Date



## **ATLANTA PAL Mission**

The Atlanta Police Athletic League (PAL) is a non-profit public benefit corporation. Our mission is to provide a safe environment for youth to reach their full potential through partnership with police and the community. PAL utilizes athletics, activities, and other programming geared to improve quality-of-life for our youth participants, by promoting confidence, self-esteem, civic engagement, academic achievement, and social principles with the goal of aiding them in becoming nurturing, productive members of society.

Atlanta PAL is a nonprofit charitable 501 c (3) organization, established in 1983 as a community partnership between the Atlanta Police Department (APD), NPU's, Community Investors and Business Associations. Atlanta PAL serves youths 8-18 years of age by implementing constructive, carefully planned athletic, and academic activities aimed at teaching moral, civic, academic, and social principles to at-risk youths in a safe and nurturing environment.

The Atlanta PAL operates two separate facilities in the inner city of Atlanta. It supports over 2,800 children annually through programs such as Youth Summer Camp, Youth Athletic Leagues, and After School Programs with Tutorials.



# Process to become a volunteer

1. Prospective volunteer contacts the Atlanta Police League office.  
Basic information about the applicant is obtained and a record check form is completed.
2. After the completed application is returned to the volunteer and PAL Unit
  - The record check form is sent to the Atlanta Police Department Identification Section for criminal background check.
2. After the application is received from the background check, PAL Supervisor Reviews it and returns it to the PAL office for the reference checks.
3. After references are completed, the application is returned to either the PAL Police Officer Volunteer Coordinator or the PAL Police Officer Director.  
The application is called to schedule a date and time for interview.



## APPLICATION FOR VOLUNTEER SERVICE

Name: \_\_\_\_\_

Last                          First                          Middle

ADDRESS : \_\_\_\_\_

Number and Street                  (Apt No)                  City                  State                  zip

SSN: \_\_\_\_\_ TELEPHONE: CELL \_\_\_\_\_ WORK \_\_\_\_\_

SEX \_\_\_ MALE \_\_\_ FEMALE U.S CITIZEN: \_\_\_ YES \_\_\_ BIRTHDATE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

Name                          Relationship                          Telephone No

### EDUCATION AND TRAINING

Circle Highest Grade Completed:                  6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Presently enrolled: \_\_\_ YES \_\_\_ No    Date Graduated: \_\_\_\_\_ Degree: \_\_\_\_\_

Student Internship? \_\_\_ YES \_\_\_ No    Number of Hours Required: \_\_\_\_\_

Other Training/License/ Certification: \_\_\_\_\_

Foreign Languages Spoken or Read: \_\_\_\_\_

Do you have a valid Motor Vehicle Operator's License? \_\_\_ YES \_\_\_ NO    License No \_\_\_\_\_ State \_\_\_\_\_

List Special Job-Related

Interest and Skills: \_\_\_\_\_



## VOLUNTEER AGREEMENT

I, UNDERSIGNED, AGREE THAT ALL INFORMATION, PERSONAL AFFAIRS, OR PROBLEMS WHICH A PAL PARTICIPANT MAY ENCOUNTER, AND WHICH I MAY HAVE ACCESS, WILL REMAIN CONFIDENTIAL AND WILL NOT BE DISCUSSED WITH OTHERS. EITHER AT THE PAL OFFICE OR AWAY FROM PAL.

I ALSO AGREE NOT TO DISCUSS ANY BUSINESS AFFAIRS OF PAL, NOR ANY MONETARY CONTRIBUTIONS WHICH ARE MADE TO PAL

(SIGNED) \_\_\_\_\_

(DATED) \_\_\_\_\_



**RELEASE OF LIABILITY – READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in the Atlanta Police Athletic League, its related events and activities, I, undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the Potential for permanent paralysis and death, and while particular skills, equipment, and Personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or other, and assume full responsibility For my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Atlanta Police Athletic League immediately; and,
4. I, for myself and on behalf of my heirs, assign, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the Atlanta Police Athletic League, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity (“Releases”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or Damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent Permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**  
**(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASE, to the fullest extent permitted by law.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE



## **PAL POLICIES**

All Volunteers must sign in/out and inform the Officer when they arrive or depart.

Smoking or using any kind of tobacco product is prohibited in all of the PAL Centers.

Use of Alcohol or other drugs while engaged in activity involving PAL is strictly prohibited.

Any volunteer who is injured while at the center or during any PAL sponsored activity should immediately bring this to the attention of the officer in charge.

### **SMOKING**

PAL centers are non-smoking facilities. If you smoke, you must do so outside the centers. Please be courteous and concerned about the needs of others at the center.

### **Substance Abuse**

The possession, sale, use or being under the influence of a controlled substance or illegal drug will result in immediate dismissal.



# Harassment

PAL intends to provide a volunteer environment that is pleasant, comfortable, and free from intimidation, hostility or other offenses, which might interfere with volunteer performance. Harassment of any sort-verbal, physical, visual-will not be tolerated.

Harassment can take many forms. It may be, but is not limited to: Words, Signs, jokes, pranks, intimidation, physical contact, or violence.

PAL will not tolerate any unwelcome sexual advances, requests for sexual favors, other verbal or physical contact of a sexual nature when such conduct creates an intimidating environment, prevents an individual from effectively performing the duties of their position, or when such a conduct is a made condition of volunteering either implicitly or explicitly.

## **Volunteer Responsibilities**

### **Be Professional**

Respect the officers in the center. IF you have questions about the way things are being run, please ask the officer directly. Respect the space of the children.





Special Skills:

Football\_\_ Baseball\_\_ Soccer\_\_ Cheerleading\_\_ Cooking\_\_

Cadets\_\_ Poetry\_\_ Drama\_\_ Dance\_\_ Boxing\_\_ Judo\_\_ Karate\_\_

Track and field\_\_ Gymnastics\_\_ Softball\_\_ Recreational Games\_\_ Gardening\_\_

Special Interests of Hobbies:\_\_\_\_\_

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How many hours will you be able to give regularly?

Monday A.M.\_\_P.M.\_\_

Thursday A.M.\_\_P.M.\_\_

Tuesday A.M.\_\_P.M.\_\_

Friday A.M.\_\_P.M.\_\_

Wednesday A.M.\_\_P.M.\_\_

Saturday A.M.\_\_P.M.\_\_

Whom to call in case of emergency?\_\_\_\_\_

Address:\_\_\_\_\_ Phone:\_\_\_\_\_

**Please list Two local references:**

Name:\_\_\_\_\_ Occupation:\_\_\_\_\_

Address:\_\_\_\_\_ Phone:\_\_\_\_\_

Name:\_\_\_\_\_ Occupation:\_\_\_\_\_

Address:\_\_\_\_\_ Phone\_\_\_\_\_

INTERVIEWED BY\_\_\_\_\_ Title\_\_\_\_\_

Date of Application\_\_\_\_\_



## STATEMENT OF POLICY CONCERNING VOLUNTEERS

1. All PAL volunteers will be expected to remain active with PAL for a minimum of their program, upon completion of training, longer involvement is encouraged.
2. Each volunteer will work the assigned hours of their program each week and is responsible for phoning the PAL office or program Coordinator if he/she is unable to work a scheduled shift. This is important to assure adequate staffing.
3. Each volunteer is expected to maintain a firm commitment to professional conduct:
  - Volunteer must be in confidence
  - Dress must be neat, Clean and appropriate
  - Punctuality must be observed in order to ensure adequate staffing.
4. Each volunteer must participate in an orientation/ training program before becoming eligible for assignment. All Volunteers must attend on going training sessions.
5. Each Volunteer is required to advise PAL in the event of an anticipated absence-such as vacation-and the expected date of return-for rescheduling.

I have read this statement of policy and agree to abide by its provisions.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Georgia Bureau of Investigation  
Georgia Crime Information Center**

**Consent Form**

I hereby authorize \_\_\_\_\_  
to receive any Georgia criminal history record information pertaining to me which may be in the  
files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

**One of the following must be checked:**

- This authorization is valid for 90/180/\_\_\_\_ (circle one) days from date of signature.
- I, \_\_\_\_\_ give consent to the above  
named to perform periodic criminal history background checks for the duration of my  
employment with this company.

**ATLANTA POLICE DEPARTMENT**  
**Criminal History / Arrest Record Request – Consent Form**

I hereby authorize \_\_\_\_\_ to receive any criminal history record information pertaining to me which may be in the files of any State or Local Criminal Justice agency. This authorization is valid for 90 days from date of signature.

\_\_\_\_\_  
 (Last) (First) (Middle) Race Sex DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Date of Birth) Month Date Year

\_\_\_\_\_  
 (If applicable, maiden name, or name used in the past) Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
 Address City State Zip Code Telephone #

\_\_\_\_\_  
 Signature Date

**Notary (for mail requests only) Expiration Date**

Please check one of following for type of employment:  Employment with mentally disabled  
 Employment with elder care  Employment with children  Other \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE (OFFICIAL USE ONLY)**

**This statement is to certify that the criminal arrest files of the Atlanta Police Department, Identification Unit, have been searched by name only and reveal the following information on the above listed subject:**

( ) No Record with our agency ( ) No record on Ga. State File / GCIC  
 ( ) Arrest Record as follows: ( ) See attached GCIC printout

<b>CHARGES</b>	<b>DATE OF ARREST</b>	<b>DISPOSITION</b>

\_\_\_\_\_  
 Identification Unit Employee APD# Initials Date

( ) Fee Waived ( ) Paid