Volunteer Application

# SANTA CLARA P.A.L. PROGRAM

MAIL or EMAIL to: SANTA CLARA PAL, 601 EL CAMINO REAL, SANTA CLARA, CA 95050

##### info@santaclarapal.org

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

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to be a Head Coach or Assistant (circle one) or Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Assistant Coach, which Manager or Head Coach are you assisting?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason why you want to be a coach (experience?):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle your Shirt Size: AS AM AL AXL AXXL AXXXL

Finger printed (Live Scan)? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_ If Yes, Date?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have received a copy of the Code of Conduct.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### *ADVISORY COMMITTEE USE ONLY*

### *Programs Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Approved: \_\_\_\_\_\_ Denied:\_\_\_\_\_\_\_*

*Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Executive Director or Liaison Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_*

These Guidelines Are Designed To

• Protect P.A.L. | Protect the kids | Protect you
• The welfare of the children is paramount. Young athletes have a right to expect appropriate management, support, personal and social development with regard to their involvement in all levels of athletics.

• If you see anything unusual or feel that something is wrong, whether it’s another coach, parent, or player, report it.
• Unless in case of emergency, no child should be transported in your vehicle.
• All incidents of suspicious activity and allegations of abuse will be taken seriously and responded to swiftly and appropriately.

\*All PAL volunteers are required to be fingerprinted before they begin volunteering. Please contact SCPD to schedule your LiveScan fingerprint appointment (408) 615-4701.

*\*Please Note the following PAL Volunteer Policy: It will be the policy of the Santa Clara Police Activities League to review the criminal record of all coaches, managers, equipment managers, and other volunteers who interact or have contact with our players in any form or fashion. All current members of the board of directors, and all applying members of the board of directors, shall also submit to a review of any criminal record. It will be the policy of the Santa Clara Police Activities League to deny volunteer status to any individual with a record of conviction or an arrest for which the person is released on bail or released on his/her recognizance pending trial, involving any sex crime, drug crime, or crimes of violence. It will be the policy of the Santa Clara Police Activities League to deny volunteer status to any individual who does not consent to a criminal offender record review. There shall be no exceptions to this policy.*

Receipt of Volunteer Application

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

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

Sport/Team/Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAL Director/Board Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_