



Indianapolis Metropolitan Police Athletic League

Volunteer Enrollment Form

(To process, form must be completed. Please print.)

General Information

Name: _____ Home #: _____ Work #: _____ D.O.B: _____

Other Names (maiden, etc.) _____ Driver's License or SSN #: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Previous Address: _____
Address/City/State/Zip Code

Emergency Contact: _____ Phone #: _____

Volunteer Interests: (check all that apply)

- Boy's Basketball Baseball Boxing G.R.E.A.T. Summer Camp Environmental/Beautification
- Facility Maintenance/Improvements Girl's Volleyball Soccer Field Trip - Adult Parent Volunteer
- Football Girl's Basketball Coaching Referee / Umpire Youth Leadership Council Volunteer
- Mentoring Office Assistant Special Events Cheerleading Parent Volunteer
- Golf Fire Safety In School Programs After School Programs Fundraising / PAL Board of Directors

Hours and Days of Availability: (check all that apply)

- Flexible
- Prefer Weekdays
- Prefer Weekends
- Holidays
- Prefer Morning Hours
- Prefer Afternoon Hours
- Prefer Evening Hours

Skill Section: (check all that apply)

Sport Specific Skills:

- EMT*
- CPR/First Aid*
- Timers
- Scoreboard Operator
- Swimming Instructor
- Judge
- Coach/Trainer*
- Referee*
- Other _____

Sport Interest:

- Basketball
- Badminton
- Baseball
- Swimming
- Ice Hockey
- Volleyball
- Table Tennis
- Softball
- Tennis
- Soccer
- Chess
- Bowling
- Inline Hockey
- Football
- BMX
- Skateboarding
- Power Soccer
- Boxing
- Inline Skating (racing)
- Golf
- Inline Skating (aggressive)
- Senior Olympics

Other Specific Skills:

- Computer
- Instructor/Teacher
- American Sign Language Interpreter
- Greeter
- Organizing groups/activities
- Language Interpreter _____
- Tutoring
- Environmental knowledge
- Gardening
- Photography
- General Clerical Skills
- Other _____

*Please provide evidence of certification or licenses for volunteer file.

Please list two references (not relatives).

Name Address Phone #

Name Address Phone #

Please read the following information and sign below. (Unsigned and incomplete forms will not be processed)

General Intent

I agree and consent to serve as a volunteer for the Indianapolis Metropolitan Police Athletic League (INDY PAL Club) and further agree that I am not to be regarded as an employee of Indianapolis Metropolitan Police Athletic League (INDY PAL Club) or entitled to any benefits of employment.

Waiver of Liability

I do knowingly and without reservation hereby agree to release, indemnify and hold harmless the City of Indianapolis, its Metropolitan Police Department, and its Indianapolis Metropolitan Police Athletic League (INDY PAL Club), their members, officers, agents and employees from every liability, claim, loss, damage, or expense (including attorney fees) for every injury or damage to property, which injury or person/damage arises out of or is in any way connected with my participation in this event or program.

Image Release

In consideration of _____, my/ my minor child/ ward being allowed to participate in _____ (volunteer name) (circle one) any way in the Indianapolis Metropolitan Police Athletic League (INDY PAL Club) sponsored events, programs and activities, the undersigned agrees that such volunteer's likeness may be photographed or videotaped and that such image may only be used to promote or publicize the Indianapolis Metropolitan Police Athletic League (INDY PAL Club) through publication in an Indianapolis Metropolitan Police Athletic League (INDY PAL Club) outlet or other publication.

(If volunteer is under 18, parent or legal guardian must consent to terms and sign below. If volunteer is below 14, parent or guardian must accompany and supervise while child is volunteering.)

***All volunteers must be at least twelve (12) years old to volunteer at the Indianapolis Metropolitan Police Athletic League (INDY PAL Club).**

Signature: _____ Date: _____

Parent/Legal Guardian Name: _____ Home Address: _____

City _____ State _____ IN _____ Home #: _____ Work #: _____

Please return form to: Attention to Volunteer Coordinator, Indianapolis Metropolitan Police Athletic League (INDY PAL Club) 4209 N. College Ave. Indianapolis, IN 46205 Phone: 317-327-3187 Fax: 317-327-6444

For Staff Use Only.

Will the individual require a background check conducted based upon their volunteer activity (ies) with the Indianapolis Metropolitan Police Athletic League (INDY PAL Club)?

Yes ___ No ___

PAL officer submitting application _____

Date interviewed: _____ By: _____ Location: _____

Date background check completed: _____ Officer completing background check: _____

For Volunteer Manager Use Only.

Accepted/Rejected (based upon background check): _____ (revised 4/02/07)