

Sheriff PAL Program



Building Character Through Relationships, Sports & Academics

1200 N. Telegraph Rd. Bldg. 38 East
Pontiac MI, 48341

www.sheriffpal.com

Email: sheriffpal@gmail.com

248-761-0622

Sheriff PAL Volunteer Application

Thank you for your interest in volunteering for the Sheriff PAL Program. We look forward to receiving and reviewing your application and credentials. Please read the following information carefully and follow instructions to insure a timely response.

APPLICATION INFORMATION

Before any further steps will be taken toward your participation, the enclosed application and releases **MUST** be completed in its entirety.

Please be advised that all information provided must be truthful and complete. Any applicant that knowingly enters any information that is fictitious, or who in any way is untruthful on any document, will be denied participation. If you need more space in any category, please use additional paper if necessary.

Sheriff PAL Volunteer Application

1200 N. Telegraph Road - Bldg. 38 East
Pontiac, Michigan 48341 (248) 761 - 0622

www.sheriffpal.com

email: sheriffpal@gmail.com



Personal Information (please print)

Full legal name, last, first, middle _____

Gender

M F

Permanent address, number & street _____

City _____

County _____

State _____

Zip Code _____

e-mail address _____

Drivers license number _____

Date of Birth _____

Telephone

Home () _____

Work () _____

Cell () _____

Current employer _____

Job title _____

Supervisors name _____

Employers' address and phone number _____

Background Information

Have you ever been convicted of a criminal offense, or have charges currently pending against you?

Yes No

If you answered yes, please complete the following:

Date	Offense	Place	Disposition

Educational Information:

High School	Location	Degree: Yes/No
College	Location	Degree: Yes/No
College	Location	Degree: Yes/No

Other:	Location	Degree: Yes/No
Military:	Location	Honorable Discharge: Yes/No

SHERIFF PAL Program
1200 N. Telegraph Road
Building 38 East
Pontiac, MI 48341

Read carefully before signing this statement.

I understand that having a background investigation conducted is not a guarantee of my acceptance as a volunteer. I also understand that failure to be completely truthful will disqualify me from consideration. Omissions of relevant information could constitute untruthfulness. I acknowledge that this background investigation is to determine my suitability as a volunteer. I am aware, and agree that ALL information obtained from this investigation will become the sole property of the Sheriff PAL Program and will never be released to me under any circumstances.

Signature of Applicant

Please Print Your Name

Position Applied For

Date



Building Character Through Relationships, Sports & Academics

DATE: _____

TO WHOM IT MAY CONCERN:

I _____ hereby authorize any representative of the Sheriff PAL Program, bearing this release, to obtain information regarding my background. I understand they will utilize the Law Enforcement Information Network to check traffic, criminal, warrants, and any other check deemed necessary to authorize clearance for the Sheriff PAL Program. In addition, they may obtain and share information from your files or other sources pertaining to my personal background including, but not limited to, academic, achievement, attendance, disciplinary action, medical, military, credit or any other records you may have regarding me. I hereby direct you to release such information upon the request of the bearer. This release is executed with the full knowledge and understanding that the information is for the official use of the Sheriff's PAL. I hereby release you, the institution or establishment which you represent including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

PLEASE PRINT

FULL NAME: _____

[Last Name, First Name, Middle Name, Suffix]

PREVIOUS NAMES USED: _____

DATE OF BIRTH: _____ STATE OF BIRTH: _____

ADDRESS: _____

CITY, STATE, ZIPCODE: _____

OTHER STATES RESIDED IN: _____

SOC. SEC. #: _____

POSITION APPLIED FOR: _____

SIGNATURE: _____ DATE: _____