



Garner Police Athletic/Activities League

912 Seventh Ave. Garner, N.C. 27529
Office 919-772-8810 / Fax 919-772-8524
www.garnerpaal.org



Advisory Board Application

Name: _____ Date of Application: _____

Date of Birth: _____ Social Security # _____ Gender _____

Other Names (maiden, alias, etc.) _____

Email _____ Driver's License # _____ State _____

Home Address _____ Home # _____

City _____ County _____ State _____ Zip _____ Work # _____

Present Employer _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Have you ever been arrested, charged with or convicted of a crime? Yes No

If yes, describe: _____

Have you ever been involved in an incident involving child abuse or neglect? Yes No

If yes, describe: _____

What is your reason for applying for an Advisory Board Position? _____

What can you bring to the board that will help P.A.A.L. and the youth of Garner? _____

Do you have any prior fundraising experience? Yes No

If yes, describe: _____



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How many years are you willing to serve on the board? _____ years

(Note – Advisory Board members are asked to serve a minimum of three years)

What position(s) you are willing to accept on the board during your term(s) of service (President, Vice-President, Secretary, Committee Chair, etc.)?

Please state any other relevant experience and/or comments you may have: _____

Applicant Signature: _____

Name of Witness: _____

Witness Signature: _____

Date: _____

For Board Use Only:

Approved Rejected Date: _____ Term expires: _____

Board Positions and years since approval:
