



# Flagler County Sheriff's Office

Donald W. Fleming, Sheriff

1001 Justice Lane · Bunnell, Florida 32110  
(386) 437-4116

www.myfcsso.us

## FLAGLER COUNTY P.A.L. BACKGROUND CHECK AND VOLUNTEER FORM

### PERSONAL INFO:

Social Security #		Driver's License #		State of Issue		Application Date	
Name	Last		First		MI	Suffix	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other
Telephone #		Cell Phone #		Personal email			
Address	Street Address			City	State	Zip	
Employer		Business Phone #		Business email			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth		Names of Children in PAL Programs				

### ARREST DATA:

Have you ever been arrested, charged or received a notice of summons to appear, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged?

Yes  No

If you answered yes, explain below:

Arrest Date	County / State	Charge	Disposition

### PROFESSIONAL REFERENCE: (Employment, School, Church or Other Organization)

Name	Last		First		Relationship	
Address	Street Address			City	State	Zip
Telephone #		Cell Phone #		Personal email		

### PERSONAL REFERENCE: (non-relative, known at least one year)

Name	Last		First		Relationship	
Address	Street Address			City	State	Zip
Telephone #		Cell Phone #		Personal email		

**DISCLOSURE STATEMENT:**

I have read and understand that I may be disqualified and prohibited from serving as an employee or volunteer of the Flagler P.A.L. if, among other things, I have:

- 1.  Yes  No Been convicted (including crimes of record which have been expunged and pleas of “no contest”) of a crime of child abuse, sexual abuse of a minor, physical abuse, causing a child’s death, neglect of a child, murder, manslaughter, felony assault or any assault against a minor, kidnapping, arson, criminal sexual conduct, prostitution, related crimes, controlled substance crimes, or any other felony;
- 2.  Yes  No Been adjudged liable for civil penalties or damage involving sexual, physical or verbal abuse of children;
- 3.  Yes  No Been subject to any court order involving any sexual, physical or verbal abuse of a minor, including, but not limited to, a domestic or protection order;
- 4.  Yes  No Had parental rights terminated;
- 5.  Yes  No A history with another organization (volunteer, employment, etc.) of complaints of sexual, physical, or verbal abuse of minors;
- 6.  Yes  No Resigned been terminated, or been asked to resign from a position, whether paid or unpaid, due to a complaint(s) of sexual, physical or verbal abuse of minors;
- 7.  Yes  No A history of behavior that indicated I may be a danger to children in the P.A.L. program.

**DISCLAIMER:**

If you checked “yes” to any disclosure item above, please attach an explanation for each yes response on a separate page.

**WAIVER, CONSENT, AND RELEASE OF LIABILITY:**

I hereby consent to the investigation and verification of all information given in this application, including searches of law enforcement and public records (including driving records and criminal background checks), contact with former employers and reference interviews. I hereby release and agree to hold harmless P.A.L. and its officers, employees, and volunteers, and any person or organization that provides information for, or to P.A.L. concerning the use of or any attempt to verify the information provided in this application. I declare that all of the information given by me in this application is true and complete to the best of my knowledge, and I understand that any misrepresentation or omission may be cause for suspension or dismissal from my volunteer status with P.A.L. If accepted as a P.A.L. volunteer, I hereby agree to abide by the P.A.L. bylaws, rules, regulations, policies and philosophies, and ALL decisions and directions of the local, state, and the national board of directors, and understand that I may be removed as a P.A.L. volunteer at any time with or without cause.

**DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:**

For myself and on behalf of my heirs, assigns, and next of kin, I acknowledge that participation in P.A.L. necessarily involves travel, participation in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. For myself and on behalf of my heirs, assigns, and next of kin, I willingly and voluntarily accept and assume all such risks of participation. I further acknowledge that the Flagler County P.A.L. is primarily administered by volunteers rather than paid professionals. In consideration of accepting the registration and permitting my voluntary participation in its programs, for myself, and on behalf of my heirs, assigns, and next of kin, I hereby release discharge and agree to hold harmless P.A.L., its employees, volunteers, officials, sponsors, and other representatives from any and all claims, demands, costs, expenses and compensation arising to, of, or in any way related to any injury or other damage that may result to me while participating in any P.A.L. sponsored event, including any physical or other injury caused by the negligence of any such person while performing their duties at any time.

I HAVE READ THE ABOVE DISCLOSURE STATEMENT, WAIVER, CONSENT AND RELEASE OF LIABILITY, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER AND ACKNOWLEDGEMENT AND CONSENT AGREEMENTS. I FULLY UNDERSTAND THE TERMS OF EACH, AND I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY WITHOUT INDUCEMENT OF ANY KIND.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

PHOTO ID VERIFIED

\_\_\_\_\_  
*Print Name*



# Flagler County

Police Athletic League, Inc.

5400 East Highway 100

Palm Coast, FL 32137

386.586.2655

www.flaglercountypal.org

Filling Playgrounds, Not Prisons

**PERSONAL INFO:**

Name	Last	First	MI	Application Date	
Telephone #		Cell Phone #		Personal email	
Address	Street Address		City	State	Zip
Employer		Business Phone #		Business email	

**PREVIOUS VOLUNTEER EXPERIENCE:**

Please summarize your previous volunteer experience with any youth organizations. Include the organization, position held, team information (age group/division), and years with each organization.

**VOLUNTEER POSITION INFO:**

Position	Sport/Activity	Season
<input type="checkbox"/> Head Coach/Manager <input type="checkbox"/> Asst Coach <input type="checkbox"/> Team Parent <input type="checkbox"/> Trainer/Equip Mgr <input type="checkbox"/> Board/Committee Member <input type="checkbox"/> Other: _____	<input type="checkbox"/> Baseball <input type="checkbox"/> Track & Field <input type="checkbox"/> Basketball <input type="checkbox"/> Volleyball <input type="checkbox"/> Cheerleading <input type="checkbox"/> Wrestling <input type="checkbox"/> Football <input type="checkbox"/> Other _____	<input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall

**Division/Age Group**

Please list the division/age group you wish to coach. If applicable, include: Boys, Girls, or Co-Ed.  
*For example: 10U Co-Ed, 12U Boys, Jr. Pee Wee, Dale Long, etc.*

\_\_\_\_\_

\_\_\_\_\_

Please list any child(ren)/relative(s) whose team you wish to coach or volunteer:

\_\_\_\_\_

\_\_\_\_\_

*For PAL Office Use Only*

Date Application Received: \_\_\_\_\_ Decision Date: \_\_\_\_\_

Date Submitted to Sheriff's Office: \_\_\_\_\_ Accepted/Rejected: \_\_\_\_\_