

# Sheriff PAL Program



Building Character Through Relationships, Sports & Academics

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

[www.sheriffpal.com](http://www.sheriffpal.com)

email: [sheriffpal@gmail.com](mailto:sheriffpal@gmail.com)

## 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) 858 – 0775

[www.sheriffpal.com](http://www.sheriffpal.com)

email: [sheriffpal@gmail.com](mailto:sheriffpal@gmail.com)



Building Character Through Relationships, Sports & Academics

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