



## Miami Beach PAL Volunteer Application

Last Name

First Name

Middle Initial

Address: Street, City, Zip

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: Male  Female

Have you ever received services from Miami Beach PAL: Yes  No:

If yes, please explain when and what services:

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Why are you interested in volunteering?

Personal Interest  Educational Internship  Community Service  Court Ordered  Other: \_\_\_\_\_

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Education: Check highest level completed; fill in major or area of emphasis.

High School/GED \_\_\_\_\_  Bus./Tech. School \_\_\_\_\_  
 A.A. \_\_\_\_\_  B.A./B.S. \_\_\_\_\_  
 M.A./M.S. \_\_\_\_\_  Ph.D. \_\_\_\_\_

Special Skills/Certificates:

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Foreign Languages Spoken: \_\_\_\_\_  Basic  Conversational  Fluent  
\_\_\_\_\_  Basic  Conversational  Fluent

First Aid? Yes  No  Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
CPR? Yes  No  Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Drivers License? Yes  No  Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Write a brief statement on why you want to become a Miami Beach PAL Volunteer:**

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**Describe any special interests / hobbies you have:**

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**Please describe any relevant volunteer or work experience that may help you as a Miami Beach PAL Volunteer:**

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**I believe, to the best of my knowledge, that the results of a criminal background investigation would not disqualify me from duties as a volunteer for Miami Beach PAL. Initials: \_\_\_\_\_**

**Any Physical or Health Restrictions:**

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**Please list 3 personal/professional references (Name, Address, Contact Number):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**How did you hear about Miami Beach PAL?**

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**NOTICE TO APPLICANTS:**

Thank you for submitting an application to Miami Beach PAL. Out of concern for the safety of our youth, a **criminal records check** may be run on each applicant. Thank you for your cooperation.

I understand that Miami Beach PAL reserves the right to not select me as a volunteer, as well as the right to terminate my volunteer services at any time.

I also understand that if I get selected as a volunteer for Miami Beach PAL and its affiliate organizations, I will not be compensated for my time. As such, I know that I am not covered by worker's compensation insurance for Miami Beach PAL, the City of Miami Beach, or the County of Miami-Dade. I understand that I am responsible for providing my own accident and health insurance. I will not hold Miami Beach PAL, its affiliate organizations, the City of Miami Beach, or the County of Miami-Dade liable for any injuries I may suffer.

Finally, I hereby give permission to be photographed, videotaped or recorded for publicity purposes and that I will waive all claims for compensation.

By signing here, you agree to all the terms and conditions listed above and admit that all of the information in this document is true to the best of your knowledge:

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICANTS UNDER 18 YEARS OF AGE REQUIRE PARENTAL OR GUARDIAN CONSENT!**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

For questions or more information, please call the Miami Beach PAL offices at (305) 531-5636 Ext.24 or contact Alexandra by Email at [Alexandra@beachpal.org](mailto:Alexandra@beachpal.org).

Return to: 999 11th Street, Miami Beach, FL 33139  
or Scan and Email to: [Alexandra@beachpal.org](mailto:Alexandra@beachpal.org)

**DO NOT WRITE IN THIS BOX - FOR OFFICE USE ONLY**

Date Interviewed \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Started \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved: \_\_\_\_\_

Approving Supervisor: \_\_\_\_\_