

Etna Police Activities League, Inc.

ANYONE WISHING TO BE a VOLUNTEER
for ETNA P.A.L. as a

2025 Jr. Coach

MAIL to: Etna PAL, PO Box 250, Etna, CA 96027

OR EMAIL to: etnapdpal@gmail.com

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

School: _____ Grade: _____ Age: _____

Which program (circle)? Wrestling Basketball Swim Team Rec Swim
Soccer Flag Football Volleyball Mentor
Explorer Claybirds

In what capacity would you like to volunteer?

Reason why you want to be a volunteer (What experience do you have?):

Circle your Shirt Size: AS AM AL AXL AXXL AXXXL

I have received a copy of the Code of Conduct. ☐

Signature: _____ **Date:** _____

ADVISORY COMMITTEE USE ONLY

Programs Name: _____

Approved: _____ Denied: _____ Comments: _____

Executive Director or Liaison Signature: _____ Date: _____



Etna Police Activities League, Inc.

These Guidelines Are Designed To:

- **Protect P.A.L.**
 - **Protect The Kids**
 - **And Protect You**
 - **Remember The Welfare Of The Children Is Paramount. Young Athletes Have A Right To Expect Appropriate Management, Support, Personal And Social Development With Regard To Their Involvement In All Levels Of Athletics.**
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- **If You See Anything Unusual Or Feel That Something Is Wrong (Whether It's Another Coach, A Parent Or One Of The Kids), Report It.**
 - **Make Sure You Do Not Transport A Child In Your Car Without An Adult, Or At Least Another Child, In The Car With You. In Fact, Short Of An Emergency, There Is No Real Need To Transport A Child In Your Personal Vehicle.**
 - **All Incidents Of Suspicious Poor Practice And Allegations Of Abuse Will Be Taken Seriously And Responded To Swiftly And Appropriately.**

The Above Information was presented to you (the volunteer coach):

Today's Date: _____
(Please read, date & sign that you read this)

Print your name : _____

Your signature: _____

Program: _____

ADVISORY COMMITTEE USE ONLY

Programs Name: _____

Approved: _____ *Denied:* _____ *Comments:* _____

Executive Director or Liaison Signature: _____ *Date:* _____

