



BROWARD COUNTY SHERIFF'S OFFICE
POLICE ATHLETIC LEAGUE

OFFICIAL BACKGROUND CLEARANCE FORM

Name: _____

Home Address : _____

Address Apt#

City State Zip

Home Phone : _____ Date of Birth : _____
Month Day Year

Work & Address : _____
Name of Employer

Address

City State Zip

Social Security Number _____

Driver's License # : _____

Email address : _____

STATEMENT

I _____, understand that in connection with my involvement with the P.A.L. program that a background check will be conducted by members of the P.A.L. program and the results of this check is for the sole use of the P.A.L. program, and the results of the background check will remain confidential and will not be distributed to any other program or organization for any other purpose.