



SPRINGFIELD TOWNSHIP COMMUNITY WATCH

Volunteer Application: Please Print or Type

1. NAME _____
(last) (first) (middle)

2. ADDRESS _____
(number) (street)

3. HOME PHONE # _____ CELL PHONE # _____

4. E-MAIL _____

5. MARRIED _____ SINGLE _____ SEX _____ AGE _____

DATE OF BIRTH ____/____/____

6. IF YOU HAVE RESIDED AT THE ABOVE ADDRESS FOR LESS THAN TEN(10) YEARS PLEASE LIST
PREVIOUS ADDRESS _____

7. OCCUPATION _____ BUSINESS PHONE # _____

8. DO YOU HAVE A DRIVER'S LICENSE? YES ___ NO ___ STATE ___ OPER # _____

9. LIST ALL VEHICLES REGISTERED TO YOU AND VEHICLES REGISTERED TO YOUR ADDRESS(USE
OTHER SIDE IF NEEDED)

1. _____
(YEAR) (MAKE) (MODEL) (COLOR) (REGISTRATION)

2. _____
(YEAR) (MAKE) (MODEL) (COLOR) (REGISTRATION)

3. _____
(YEAR) (MAKE) (MODEL) (COLOR) (REGISTRATION)

10. WHAT POSITION ARE YOU MOST INTERESTED IN?
PLANNING COMMITTEE _____ PATROLLER _____

I, THE UNDERSIGNED, DO HEREBY REQUEST THAT I BE CONSIDERED FOR MEMBERSHIP IN SPRINGFIELD TOWNSHIP COMMUNITY WATCH. I WILL ABIDE BY ALL THE RULES, REGULATIONS, AND BY-LAWS SET DOWN BY THE ORGANIZATION. I HEREWITH GIVE MY PERMISSION FOR THIS COMMUNITY WATCH, THROUGH THE SPRINGFIELD POLICE DEPARTMENT, TO EXAMINE ANY AND ALL CRIMINAL AND MOTOR VEHICLE RECORDS TO ASCERTAIN WHAT CHARGES, IF ANY, MAY HAVE BEEN BROUGHT AGAINST ME . ALL INFORMATION IS STRICTLY CONFIDENTIAL.

DATE: _____ SIGNATURE: _____

MAIL TO SPRINGFIELD TOWNSHIP POLICE DEPARTMENT, C/O SGT. SADOFF, 50 POWELL RD., SPRINGFIELD, PA 19064

SPRINGFIELDPD.COM