

**Contact Information**

Name	
Street Address	
Home Phone	
Work/ Cell Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- ☐ Weekday mornings ☐ Weekend mornings
☐ Weekday afternoons ☐ Weekend afternoons
☐ Weekday evenings ☐ Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- ☐ Block Captain
☐ Block Captain Coordinator
☐ Crime Watch/ C.O.P. (Citizens on Patrol)
☐ Newsletter
☐ Special Events Committee

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.