

# APPLICATION FOR MEMBERSHIP OF POHUTUKAWA COAST CRIME WATCH PATROL



SURNAME: \_\_\_\_\_

MAIDEN NAME: (if applicable) \_\_\_\_\_

FIRST NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ Res. \_\_\_\_\_ Bus.

MOBILE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DRIVERS LICENCE NO: \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_

REFEREE: (Being an unrelated person over the age of 20 years)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day Contact Ph. No. \_\_\_\_\_

I accept that the information I give in this application will be used solely for the administrative use of Pohutukawa Coast Crime Watch Patrol.

**My patrol time preference is: (please tick all shifts that you would be available)**

| Monday   |      |         | Tuesday |      |         | Wednesday |      |         |
|----------|------|---------|---------|------|---------|-----------|------|---------|
| Morn.    | Aft. | Evening | Morn.   | Aft. | Evening | Morn.     | Aft. | Evening |
|          |      |         |         |      |         |           |      |         |
| Thursday |      |         | Friday  |      |         | Saturday  |      |         |
| Morn.    | Aft. | Evening | Morn.   | Aft. | Evening | Morn.     | Aft. | Evening |
|          |      |         |         |      |         |           |      |         |
| Sunday   |      |         |         |      |         |           |      |         |
| Morn.    | Aft. | Evening |         |      |         |           |      |         |
|          |      |         |         |      |         |           |      |         |

Upon acceptance of your application you will receive appropriate training and will be required to agree to and sign a Code of Conduct and Confidentiality documents.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_