



Community Patrol Application for Membership Form

Personal Details

Surname:

First Name:

Previous

Surname:

Date of Birth:

Driver Licence:

Occupation:

Address:

Post Code:

Email:

Phone Home:

Mobile:

Previous Work Experience

1.

2.

3.

Previous Volunteer Work Experience

1.

2.

3.

Qualifications

1.

2.

3.

Skills

- 1. _____
- 2. _____
- 3. _____

Interests and Hobbies

- 1. _____
- 2. _____
- 3. _____

Please tell us why you are volunteering for this role.

Background information

Due to the sensitivity of some of the information you may encounter in your role, you will be required to undergo a Police Security Clearance check.

Are you aware of any information that may be derived through the security checking process?

If yes, please provide details:

Do you have any special health requirements, medication, or disabilities that the Volunteer Supervisor or those working with you should be aware of?

Membership Subscription:

An Annual Membership Subscription of \$10.00 is required upon joining, with renewal due 1 April and payment made no later than 30 April.

Emergency Contact Details

Please write down the name of a family member or friend who you would like to be contacted in the event of an emergency

Name _____
Address _____

Phone _____

References

Please supply the name and contact details of two referees.

Name 1 _____
Address _____

Phone _____
Relationship to you _____

Name 1 _____
Address _____

Phone _____
Relationship to you _____

I give my consent to the Police and the Mount Roskill Community Patrol to make enquiries into my suitability as a volunteer and I authorise any person approached by the Police in this matter to release or disclose all information relevant to this application.

Signed: _____ Date: _____