



# Miigwech/Thank you for joining Neighbourhood Watch

This information will be used by your local Neighbourhood Watch Coordinator and/or Area Neighbourhood Watch Association to administer your Neighbourhood Watch. The information will also be used to send you crime prevention bulletins and other safety matters related to your area.

## Joining the Neighbourhood Watch Registrar

Information you provide will not be shared or used for any purpose outside of NW without your consent.

## Membership Form

Only one form is required per Residential Address

### Main Member

Proper Name:		Common Name:
Residential Address:	Street Name	Street #
Suburb	Apartment/Complex #	
Contact Details:	Cellular:	Home Phone:
Email:	Birth Date:	Age:

### Secondary Member (Spouse, Partner, Tenants, Dependants, etc.)

Proper Name:		Common Name:
Contact Details:	Cellular:	Home Phone:
Email:	Birth date:	Age:

## Volunteer Positions

Would you be prepared to assist with any of the following activities? (Please select)

Coordinator      Block Captain      Administration      Marketing      Recruiting

Other: \_\_\_\_\_

I, \_\_\_\_\_, wish to join Neighbourhood Watch.

- I am aware that my membership and services are voluntary and free of charge.
- I understand that I will be subjected to a screening and/or vetting process.
- I have no criminal record and no criminal cases are pending against me and if I do I have discussed it privately with the Police Service.
- I will in the execution of my voluntary service to the residents and businesses in the area act within the framework outlined and code of conduct for neighbourhood watches.
- I hereby waive any action I may hold against the association arising from participation in Neighbourhood Watch activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_