



TREDYFFRIN TOWNWATCH ASSOCIATION

P.O. Box 1692
Southeastern PA 19399



VOLUNTEER APPLICATION

PLEASE PRINT or TYPE

Name _____ Email Address _____
(last) (first) (initial)

Home Address _____
(street) (town) (zip)

Years at current address _____ Home Phone # _____

Cell Phone # _____ Business Phone # _____

Business Address _____
(street) (town) (zip)

Date of Birth _____ Sex _____ Driver's License Number _____

How did you hear about Townwatch? _____

Have you ever been arrested and/or convicted of a crime? Yes / No

If Yes, please explain. (A brief criminal record check will be completed. A criminal record alone will not disqualify you, but will be considered in evaluating the application. However, a significant and ongoing criminal record may be basis for not being accepted into the Association.)

Signing the application, you agree to follow all Townwatch policies and to hold harmless and release Tredyffrin Township and the Tredyffrin Townwatch Association for any personal injury or property damage that s/he may suffer while participating as a member of the Tredyffrin Townwatch Association.

Applicant Signature _____ Date: _____

Townwatch Approval _____ Police Dept. Approval _____

ID # Assigned _____ Area _____

Please mail the completed application to the address listed above.

OPERATING IN COOPERATION WITH THE TREDYFFRIN TOWNSHIP POLICE DEPARTMENT