



**TAKE A BITE OUT OF
CRIME®**

Springfield Township
Town Watch
2320 Township Rd.
Quakertown, Pa. 18951

APPLICATION FOR MEMBERSHIP

NAME: _____
Last First Middle

ADDRESS: _____
Street Address

_____ City State Zip

DATE OF BIRTH: _____ TELEPHONE: _____

PA. DRIVER'S LICENSE NUMBER: _____

E-MAIL ADDRESS: _____

WOULD YOU BE INTERESTED IN VOLUNTEERING YOUR TIME TO PATROL THE TOWNSHIP WHEN NEEDED?

YES NO IF YOU SAID YES, HOW OFTEN WOULD YOU BE WILLING TO VOLUNTEER YOUR TIME?

_____ (WEEK, MONTH, ETC...) (MUST BE 18 YRS. OR OLDER WITH A VALID PA DRIVER'S LICENSE).

**THERE IS A ONE TIME CHARGE OF \$10.00 FOR THE CRIMINAL HISTORY CHECK.
INFORMATION RELEASE / RELEASE FROM LIABILITY**

I, _____, being eighteen years of age or older, hereby authorize the Springfield Township Town Watch to run a criminal history through EPATCH. I freely agree that this is part of my application to become a member of the Springfield Township Town Watch.

I hereby release Springfield Township and any and all of its officials or agents, Springfield Township Police Department and any and all of its officers or agents, Springfield Township Town Watch and any and all of its officers or agents, from any and all liability or claims involving records or information they receive in the background investigation, and any and all liability, claims and/or losses however so arising, during my participation in the Springfield Township Town Watch program.

I further agree to abide by all of the procedures, rules, regulations, and by-laws established and adopted by the Springfield Township Town Watch and its members regarding their participation in the Springfield Township Town Watch program.

SIGNATURE OF APPLICANT: _____ DATE: _____

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DATE: / /