



Application for Membership - North Hamilton Community Patrol Group

SURNAME: _____ FIRST NAMES: _____
MAIDEN NAME: (If applicable) _____ OCCUPATION: _____
PHONE: Home: _____ Bus: _____ Mobile: _____
ADDRESS: _____
EMAIL: _____ EMPLOYER: _____

REFEREE: (Being an unrelated person over the age of 20 years)
Name: _____
Address: _____
Contact Phone No(s). _____ Best time to call: _____

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

I accept that the information I give in this application will be used solely for the administrative use of the North Hamilton Community Patrol Group, and for the purpose of vetting the applicant by the Police and North Hamilton Community Patrol Group.

Conditions of Acceptance

As a condition of acceptance as a member to the North Hamilton Community Patrol Group, I agree to abide by the following rules:

1. That I will be on probation with the group for a period of 3 months from the date of joining.
2. That after 3 months, my position with the North Hamilton Community Patrol Group will become permanent, unless advised in writing that membership of the group will be terminated.
3. That I agree to conduct myself in a professional manner and abide by the agreed guidelines, rules and codes of operation of the group.
4. That I accept that breaches of confidentiality or unacceptable behaviour, or failure to adhere to the agreed guidelines, rules and codes of operation of the group can lead to the termination of my membership of the group.

Declaration of Confidentiality

I, _____ do solemnly and sincerely declare that I will treat all affairs of the North Hamilton Community Patrol Group in strictest confidence.

Signed: _____ Date: _____

Witnessed: _____ Date: _____

When completed please return to North Hamilton Police Station, or to PO Box 21035, Flagstaff, Hamilton.
Please attach signed Consent to Disclosure form with Proof of Identification, and signed Code of Conduct