



NEIGHBOURHOOD WATCH VOLUNTEER APPLICATION FORM

I wish to actively participate in the Neighbourhood Watch Program and agree to abide by the rules as nominated by the Victoria Police Force and the Neighbourhood Watch State Board of Management.

DETAILS OF APPLICANT (Please use Block Letters)

Region 5 Division 1

NHW Area No. _____

Family/Surname _____

Mr/Mrs/Ms First/Given _____ Date of Birth _____

Other names (including maiden or former name) _____

First/Given name you prefer to be known as _____

Residential Address _____

Postal Address (if applicable) _____ Postcode _____

Telephone (home) _____ (work) _____

Drivers licence number _____

Current/former occupation _____

AUTHORITY TO CHECK CRIMINAL HISTORY

I acknowledge that as the Neighbourhood Watch Program is a crime prevention program, it is necessary to screen applicants in order to assess their suitability to participate. Accordingly, I hereby authorise the Victoria Police to check its criminal records and other records in order to determine whether details of any convictions and/or other information are recorded against my name.

AUTHORITY TO BE RECORDED ON VICTORIA POLICE DATA BASE

I agree to have my identify recorded on the Victoria Police 'LEAP' data base, which would enable the NHW State Coordination Unit to be notified if I am charged or summonsed for a criminal offence in the future.

AUTHORISATION AND ACCREDITATION

I understand the Board of Management grants all authorisations or accreditations for any individual to participate in or represent the Neighbourhood Watch Program in Victoria and that the Board of Management reserves the right to withdraw such authorisation or accreditation at any time.

Signed _____

Date / /