

## COMMUNITY PATROLS OF NEW ZEALAND

## Application to join a CPNZ Community Patrol

**Personal Details** Surname: First Name: Date of Birth: Driver Licence: Occupation: Address: Post Code: Email: Home Phone: Mobile: Please tell us why you would like to volunteer for this role. Work Experience Previous Volunteer Experience

3
Qualifications
1
2
3
Skills
1
2
3
Interests and Hobbies
1
2
3
Background information
Consideration of your acceptance to CPNZ will require you to undergo a Police Security Clearance check.
Are you aware of any information that may arise through the security checking process?  Please tick one: Yes No
If yes, please provide details:
Do you have any special health requirements, medication, or disabilities that the Patrol Leader or those working with you should be aware of?

## Emergency Contact Details Please write down the name of a family member or friend who you would like to be contacted in the event of an emergency

Address  Phone Relationship to you  References Please supply the name and contact details of two referees.  Name Address  Phone Relationship to you  Name Address  Postcode  Phone Relationship to you  Name Address  I give my consent to CPNZ, the Police and the Community Patrol to make enquiries into my suitability as a volunteer and I author any person approached by the Police in this matter to release or disclose all information relevant to this application.	Name	
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