



**LOWER MERION COMMUNITY WATCH, INC.**  
Volunteer Application

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Last) (First) (MI)

ADDRESS: \_\_\_\_\_  
(Street) (City) (Zip Code)

PHONE: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Home) (Cellular) (Business)

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ MARRIED: \_\_\_\_\_ SINGLE: \_\_\_\_\_

IF YOU HAVE RESIDED AT THE ABOVE LOCATION FOR LESS THAN FIVE YEARS, PLEASE LIST PREVIOUS ADDRESS:

\_\_\_\_\_

OCCUPATION: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE? YES \_\_\_\_\_ NO \_\_\_\_\_ STATE: \_\_\_\_\_ OPER#: \_\_\_\_\_

VEHICLES REGISTERED TO YOU: *(Additional Vehicles May Be Listed on Reverse)*

\_\_\_\_\_  
(Year) (Make) (Model) (Color) (Registration)

\_\_\_\_\_  
(Year) (Make) (Model) (Color) (Registration)

DO YOU HAVE A PERMIT TO CARRY FIREARMS? YES \_\_\_\_\_ NO \_\_\_\_\_

DAYS/HOURS AVAILABLE FOR VOLUNTEER DUTY: \_\_\_\_\_

\_\_\_\_\_

WHERE DID YOU ACQUIRE THIS APPLICATION? \_\_\_\_\_

I, the undersigned, do hereby request that I be considered for membership in Lower Merion Community Watch. I will abide by all rules, regulations, and by-laws set down by the organization. I herewith give my permission for this Community Watch, through the Lower Merion Police Department, to examine any and all criminal and motor vehicle records to ascertain what charges, if any, may have been brought against me. ALL INFORMATION IS STRICTLY CONFIDENTIAL.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_