

## Papamoa Community Patrol Inc. **Application to join Patrol**

## **Personal Details**

Surname:		
First Names:		
Previous Surname:		
Given name or de	erivative to appear on your IL	O Card:
Date of Birth:		Place of Birth:
Driver Licence No	):	Nationality:
Occupation:		
Address:		
		Post Code:
Email:		
Ziridii.		
Home Phone:		
Mobile:		
Drovious Mork E	vnorionos	
Previous Work E	хрепенсе	
1		
2		
3		
Previous Volunte	er Work Experience	
1		
Qualifications		
1		
2		

Skills
1
2
3
Interests and Hobbies
1
2
3
Please tell us why you are volunteering for this role.
Background information
Due to the sensitivity of some of the information you may encounter in your role as a Patroller, you will be required to undergo a Police Security Clearance check.
Are you aware of any adverse information about you that may be derived through the security checking process?
If 'yes', please provide details:
Do you have any special health requirements e.g. medication, or any disabilities that the Patro Coordinator or those working with you should be aware of?

## **Emergency Contact Details**

Please provide the name of a family member	or friend who y	ou would	like to be	contacted	in the
event of an emergency					

Name Address	
Phone	
References	
	ne name and contact details of two referees who know you well either socially o (Not relatives, please.)
1 Full Name:	
Address:	
Phone:	
Relationship to you:	
2 Full Name:	
Address:	
Phone	
Relationship to you	
my suitability as	t to the Police and the Papamoa Community Patrol to make enquiries into a volunteer and I authorise any person approached by the Police in this or disclose all information relevant to this application.
Signed:	Date:

## **Choice of Patrol Duties**

The following information is required to enable you to be rostered for Patrols and /or other related tasks on days and at times which are most convenient to you. There are no regulated times, but the Dusk patrol must finish around 2100 hrs if there is a Night patrol.

In the boxes below please enter a minimum of 3 days, in order of preference, that you are available for 'Night' and/or 'Day' Patrols e.g. "Fri-'Night'-1"; "Tues-'Day'-2"; "Sat-'Night'-3"; "Wed-'Day'-4";

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Special (may include traffic or security duties at special events such as funerals or public events)						Circle one YES NO
	,					

Do you have a preferred Patrol partner?		Please circle one	Yes	No
If "Yes"	Name:			

Note: Smoking whilst undertaking Patrol duties is not permitted.

	as a Patroller will be subject to clearance by the NZ Police, ity Patrol (PCP) Managing Committee and satisfactory ning and probationary period.	
Signed:	Date:	

**Next Step:** Please email this completed form to the Secretary at <a href="mailto:papamoacp@gmail.com">papamoacp@gmail.com</a> or post it to "The Secretary Papamoa Community Patrol, c/- Papamoa Community Policing Centre, 530 Papamoa Beach Road, PAPAMOA 3118". Following receipt of your application you will be contacted by our Training Co-ordinator so that an interview can be arranged. For subsequent Police vetting purposes you will be required to produce the following documents at that interview:

- Your passport or original birth certificate (with a certifiable photo-copy); and
- Your driver licence (with a certifiable photo-copy).

**Then:** Once the Police vetting process is complete you will be contacted to arrange the start of your training. You will be qualified as a Patroller, on probation, at the successful completion of your training. This usually comprises two 2-hour sessions, based on the Training Manual supplied to you, plus completion of at least two Patrols under supervision.