



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.

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## Work Experience

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Previous Volunteer Experience

1. \_\_\_\_\_
2. \_\_\_\_\_
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 circle 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

Name		
Address		
		Postcode
Phone		
Relationship to you		

**References**

Please supply the name and contact details of two referees.

Name		
Address		
		Postcode
Phone		
Relationship to you		

Name		
Address		
		Postcode
Phone		
Relationship to you		

I give my consent to CPNZ, the Police and the \_\_\_\_\_  
Community Patrol to make enquiries into my suitability as a volunteer and I authorise  
any person approached by the Police in this matter to release or disclose all  
information relevant to this application.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_