



**COMMUNITY SAFETY VOLUNTARY ASSOCIATION
PATROL APPLICATION**

CSVA PATROLLER APPLICATION

I _____ ID number _____

Address: _____

Contact Details: Home _____ Work _____ Cell _____

1. Hereby apply to be a patroller of the Community Safety Voluntary Association (CSVA).
2. I have read the Constitution of the CSVA and agree to abide by the rules and regulations and code of conduct as set out in the Constitution of the CSVA.
3. I also agree that I have read and fully understand the indemnity clause of the Constitution of the CSVA.
4. I am fully aware that the CSVA is a Voluntary Association and that no membership fees are charged to become a General member of the CSVA.
5. I have attached copies of the identity document/s of my and all additional members residing at the same address as provided above and who wants to become Full Members of the CSVA.

Additional members:

I hereby apply to become a patroller of the CSVA and have read and agree to abide by the stipulations as detailed in paragraphs 1 to 4 of this application.

Name				
Surname				
Relationship to main member				
Work Tel				
Cell Number				
Date				
Signature				

Main Member:

Date _____

CSVA:

Accepted / Declined

Signature _____ Name _____ Position _____

Date _____

Signature _____ Name _____ Position _____

Date _____