



Tacony Town Watch, Inc.

Holmesburg Town Watch

P.O. Box 17760; Philadelphia, PA 19135; www.tactw.org

Check us out on our Facebook page at "Tacony Town Watch"

APPLICATION FOR MEMBERSHIP

APPLICANTS NAME/NICKNAME/AKA: _____

ADDRESS: _____ CITY/STATE/ZIP _____

HOME TELEPHONE NUMBER: _____ CELL #: _____

EMAIL ADDRESS (if any): _____

DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT (OPTIONAL): _____

COLOR OF HAIR: _____ COLOR OF EYES: _____ GLASSES? _____

Any disabilities or medical concerns we should be aware of? _____

Other than minor traffic violations, have you ever been convicted of any crimes within the past year? _____

If so please explain: _____

Are you currently a licensed driver with updated registration and car insurance? _____

What is/are your reason(s) for joining Tacony Town Watch, Inc? _____

Of the following please check all that applies. I am interested in participating in the following manner:

- Block watcher (from my home) Driver Base Operator
- Block watcher (from my business) Rider

Name, address, telephone number and relationship of person to notify in case of an emergency: _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFYING INFORMATION WILL BE CAUSE FOR POSSIBLE DISSAPPROVAL OF MY APPLICATION OR REVOCATION OF MY MEMBERSHIP. I AGREE NOT TO HOLD TACONY TOWN WATCH, INC, ITS MEMBERS OR ITS BOARD/TRUSTEE'S LIABLE FOR ANY INJURIES SUSTAINED, RETALIATION, OR DAMAGES TO ANY PERSONAL PROPERTY DURING THE PERFORMANCE OF TOWN WATCH ACTIVITIES OR AS A RESULT OF MEMBERSHIP IN THIS ORGANIZATION. I ALSO AM GIVING THE BOARD MEMBERS OF TACONY TOWN WATCH, INC THE PERMISSION TO CHOOSE TO DO A POLICE BACKGROUND CHECK TO VERIFY MY ABILITY OR NON-ABILITY TO BE A MEMBER. IN FINAL, I CERTIFY THAT I WILL NOT ADVISE ANY CRIMINALS OR SUSPECTED CRIMINALS OF OUR DATES OF PATROL, WORK AND CONTACT WITH LAW ENFORCEMENT OR TACTICAL PLANS. I UNDERSTAND IN DOING SO I WILL PUT ALL OF THOSE INVOLVED AT RISK. I UNDERSTAND THAT AFTER COMPLETING 6 PATROLS WITH TTW, INC. I WILL THEN AND ONLY THEN BE A MEMBER OF TTW. IN ORDER TO OBTAIN AN OFFICIAL IDENTIFICATION CARD I MUST ALSO ATTEND A 2 HOUR TRAINING PROVIDED BY A TRAINER/RECRUITER OF TOWN WATCH INTEGRATED SERVICES ONCE THOSE TRAININGS ARE SCHEDULED. I AM ALSO AWARE THAT THE AFOREMENTIONED TRAININGS HELD BY TWIS ARE NOT SCHEDULED BY TTW, INC. I AGREE TO THE ABOVE BY SIGNING & DATING BELOW.

Signature of applicant: _____ Date: _____

Accepted/Denied: _____ Expired: _____
Radio Training: _____ TTW, Inc Training Completed _____ TWIS Training Completed: _____
TTW Unit #: _____ TW ID Issued: (date) _____ (number) _____