

STEVENS SQUARE - LORING HEIGHTS BLOCK PATROL VOLUNTEER APPLICATION

Please Print or Type

NAME: _____	
DATE OF BIRTH (M/D/Y): _____ / _____ / _____	SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
TELEPHONE: (HOME): _____	(WORK): _____
FAX: _____	
CELLULAR TELEPHONE: _____	BEEPER: _____
E-MAIL ADDRESS: _____	
ADDRESS: _____	APT. #: _____
CITY: _____	STATE: _____ ZIP: _____

1. Have you ever been convicted of a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes -- If yes, please explain: _____ _____ _____
2. How did you learn about the SSCO Block Patrol (Check all that apply)? <input type="checkbox"/> Visit to my building <input type="checkbox"/> Newspaper / newsletter article <input type="checkbox"/> SSCO meeting / event <input type="checkbox"/> TV program <input type="checkbox"/> My employer <input type="checkbox"/> Block Club activity <input type="checkbox"/> My landlord/ building manager <input type="checkbox"/> Another neighborhood patrol <input type="checkbox"/> CCP/SAFE <input type="checkbox"/> Other (describe): _____ If recruited by a Block Patrol member, please provide name, if known: _____
3. Why do you wish to participate in the Block Patrol? _____ _____ _____
4. How long have you lived and/or worked in the neighborhood? _____
5. Please list any specialized training that you have had that would benefit the Block Patrol (first aid, self defense, CPR, foreign languages, sign language, conflict resolution, etc.): _____ _____ _____
6. Please list any special interests and/or skills that you may bring to the Block Patrol (e.g. photography, writing, statistical analysis, computer skills, sewing, graphics, fundraising, etc.): _____ _____ _____

please complete reverse side

CHARACTER REFERENCES (cannot be relatives or members of same household):

1. Name: _____
 Address: _____ Relationship (landlord, manager, employer, etc.): _____
 _____ Telephone: _____

2. Name: _____
 Address: _____ Relationship (landlord, manager, employer, etc.): _____
 _____ Telephone: _____

EMERGENCY CONTACT:

Name: _____
 Address: _____ Relationship: _____
 _____ Telephone: _____

MEDICAL HISTORY:

Do you have any medical or psychiatric conditions or allergies that you would like us to know about? No ___ Yes: ___
 If yes, please explain:

IS THERE ANYTHING ELSE THAT YOU WOULD LIKE US TO KNOW ABOUT YOU?

WAIVER

I _____ hereby give the Stevens Square Community Organization (SSCO) permission to complete a criminal history check. As a volunteer for the Stevens Square - Loring Heights Block Patrol I agree to hold harmless the SSCO and Community Crime Prevention / SAFE Unit of the Minneapolis Police Department for any injury, loss of or damage to property and/or other accident which may occur while on patrol. I recognize that the Block Patrol is a volunteer activity and I assume all risk of injury to myself or to others. I have read, understand and agree to abide by the Block Patrol guidelines. Failure to adhere to established Block Patrol guidelines are grounds for dismissal from participation. Insufficient information and/or inability to contact references are a basis for further review by the SSCO Safety Coordinator.

SIGNATURE: _____
 PRINT NAME: _____
 DATE: _____
 WITNESS: _____

OFFICE USE ONLY

Application received (M/D/Y): _____ / _____ / _____
 Orientation completed (M/D/Y): _____ / _____ / _____
 Trainer: _____

Please return completed applications to: Dave Delvoye
 Stevens Square Community Organization
 Loring Nicollet Center, 1925 Nicollet Ave, Minneapolis, 55403
 Fax: 612-872-3601