



PERSONAL PARTICULARS			
TITLE MR/MISS/MRS/MS (CIRCLE ONE)		SURNAME (FAMILY NAME)	
GIVEN NAME			
MIDDLE NAME		DATE OF BIRTH	AGE
RESIDENTIAL ADDRESS			
SUBURB			POSTCODE
PHONE NUMBER		EMAIL ADDRESS	
POSTAL ADDRESS			
NEIGHBOURHOOD WATCH AREA		NEAREST POLICE STATION	

**PLEASE NOTE:** YOU MAY COMMENCE DELIVERING NEWSLETTERS ONCE YOU HAVE RECEIVED A LETTER ACKNOWLEDGING YOU ARE A SUPPORTER OF NEIGHBOURHOOD WATCH.

**NOTICE AND DECLARATION – PLEASE READ AND SIGN**

**I, the abovenamed,**

- consent to the release to the Commissioner of Police or his/her delegate, full details of any personal history and any other relevant information that any Australian State/Federal/Territory police or law enforcement agency may have in its possession with reference to me. This consent shall remain active until I cease involvement in any capacity in any crime prevention program operating under the auspices of the South Australia Police.
- certify that the personal information I have provided on this form relates to me and is correct. I agree, should there be any doubts as to my identity, to voluntarily submit to any processes necessary to verify my identity.
- understand that my acceptance as a Neighbourhood Watch Supporter is at the discretion of the Commissioner of Police and that such acceptance can be withdrawn at any time without notice.
- understand that my information will be maintained in accordance with information privacy principles and accessible by Police Personnel and authorised NHW Volunteer Association members.
- agree to abide by instructions on the NHW Supporter Acceptance letter once received.

**SIGNATURE** .....

**DATE** .....

POLICE USE ONLY IDENTIFICATION AND SIGNATURE MUST BE VERIFIED BY A SAPOL EMPLOYEE			
IDENTIFICATION TYPE & NUMBER *			
POLICE OFFICER CERTIFICATION			
NAME			SIGNATURE
RANK	ID NO		
DATE OF VERIFICATION			

\* IDENTIFICATION REQUIRED MUST BE PHOTOGRAPHIC E.G. PASSPORT, DRIVER'S LICENCE OR OTHER GOVERNMENT ISSUED ID

**FORWARD COMPLETED FORM TO THE VOLUNTEER COORDINATION UNIT (108)  
OR SCAN AND EMAIL TO [SAPOL.Volunteer@police.sa.gov.au](mailto:SAPOL.Volunteer@police.sa.gov.au)**

VOLUNTEER COORDINATION UNIT USE ONLY (DATABASE CHECKLIST)				
ENTRY COMMENCED <input type="checkbox"/>	SUITABLE <input type="checkbox"/>	NOT SUITABLE <input type="checkbox"/>	SHIELD <input type="checkbox"/>	CONFIRMATION SENT <input type="checkbox"/>