



LOWER PROVIDENCE POLICE

Michael Jackson, Chief of Police

DOG WALK & WATCH PROGRAM

Application For Membership

Volunteer Information: (Must Be a Resident of Lower Providence Township):

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Driver's License #: _____ State: _____ Date of Birth: _____

Volunteer General Information:

Employer: _____ Work Phone: _____

Address: _____ City: _____ State: _____

Previous Volunteer Experience: _____

Additional Information:

Have you ever been arrested by the police or any agency? ☐ Yes ☐ No

If yes, please explain: _____

I hereby attest that the information provided is true and correct to the best of my knowledge. I give my permission and authorization to the Lower Providence Police Department to conduct a criminal history and background investigation.

Applicants Signature: _____

Date: _____

Please Return To:

*Lower Providence Township Police Department
100 Parklane Drive, Eagleville, PA 19403*