

# Conyngham Crime Watch Membership Application

Applicant Name: \_\_\_\_\_  
Applicant Address: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_  
Telephone Number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_

## Authority to Conduct Identification Check

As a volunteer for the Conyngham Crime Watch, I hereby authorize the Conyngham Police Department to make an identification check in order to determine a prior offender record. Please note that a previous criminal record is not an automatic disqualification from membership. If there is a prior record, the application will then be reviewed by the Executive Committee. The Executive Committee consists of the President, Vice President, Secretary, Treasurer, Lead Zone Captain, and a member of the Police Department.

By signing this application, I attest that all information provided above is accurate and true. I authorize the Conyngham Police Department to perform a background check and provide the Conyngham Crime Watch with the necessary information to evaluate this application for membership. I also understand that any information gathered will remain in strictest confidence and be known only to the Executive Committee.

Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Parent Signature (if under 18): \_\_\_\_\_  
Date of Application: \_\_\_\_\_

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*This application will be reviewed and membership will be determined by the next scheduled meeting.  
For more information call, Daniel Rymond (570) 788-5504 or contact the borough office.*

Approved by Date: \_\_\_\_\_

*Return to:*  
Conyngham Borough Police Department  
Attention: Conyngham Crime Watch  
215 Main Street  
PO Box 442  
Conyngham, PA 18219