



STROUDSBURG NEIGHBORHOOD WATCH

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VOLUNTEER APPLICATION

Date: _____

Applicant information:

Last Name: _____ First: _____

Phone: _____ Cell phone: _____

email: _____

Driver's License #: _____ Birthday: _____

Address: _____

years at this address: _____ If less than 3 years please provide previous address below:

Spouse Information (co-applicant)

Name: _____ Phone (cell): _____

Driver's License #: _____ Birthday: _____

email: _____

Please check willingness to volunteer for the following:

- Applicant
- _____ Window Watcher
 - _____ Walking Patrol
 - _____ Bike Patrol
 - _____ Vehicle Patrol
 - _____ Special Project Member

- Spouse:
- _____ Window Watcher
 - _____ Walking Patrol
 - _____ Bike Patrol
 - _____ Vehicle Patrol
 - _____ Special Project Member

_____ Approved (Y/N)

_____ Approved (Y/N)