

# NEIGHBORS IN ACTION



## SAFETY TEAM VOLUNTEER APPLICATION

Thank you for your interest in participating in the Neighbors In Action Safety Team. Safety Team's purpose is to be a watchful, positive, and peaceful presence in the community. The purpose of the application process is to protect the safety and liability of the team members.

Please type, print, or write clearly.

**APPLICANT INFORMATION:**

NAME: \_\_\_\_\_

DATE OF BIRTH (M/D/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ SECONDARY PHONE \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT. # : \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

1. Have you ever been convicted of a crime?  
*A criminal history check will be completed for all applicants.  
Criminal history does not necessarily disqualify you from participating in the Safety Team.*

No       Yes → If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

2. How did you learn about the Neighbors In Action Safety Team?

\_\_\_\_\_

\_\_\_\_\_

3. Why do you wish to participate in the Safety Team?

\_\_\_\_\_

\_\_\_\_\_

Neighbors In Action – Safety Team Application

PERSONAL REFERENCES:

1. Name: \_\_\_\_\_
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_
Telephone: \_\_\_\_\_
2. Name: \_\_\_\_\_
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_
Telephone: \_\_\_\_\_

EMERGENCY CONTACT:

Name: \_\_\_\_\_
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_
Telephone: \_\_\_\_\_

MEDICAL HISTORY:

Do you have any medical conditions or allergies (dogs, smoke, etc.) that it would be helpful for 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, \_\_\_\_\_ (Name), have truthfully completed this application and hereby give Neighbors In Action (NIA) Safety Team permission to complete a criminal history check \_\_\_\_\_ (Initial). As a volunteer for the Neighbors In Action (NIA) Safety Team, I agree not to hold NIA responsible for any injury or other accident that may occur while on Safety Team shift. I recognize that the NIA Safety Team is a volunteer activity, and I assume all risk of injury to myself. I have read, understand, and agree to abide by the NIA Safety Team Guidelines. Failure to adhere to established NIA Safety Team Guidelines is grounds for dismissal from participation. Insufficient information and/or inability to contact references are a basis for further review by the Neighbors In Action (NIA).

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Please return completed applications to:

Email: info@niamn.org

Phone Contact: Neighbors In Action (612) 886-3345

Mail: Neighbors In Action
PO Box 7162
Minneapolis, MN 55407

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OFFICE USE ONLY

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