

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. Why do you wish to participate in the Safety Team Patrol? _____ _____
2. How did you learn about the Neighbors In Action Safety Team Patrol? _____ _____

PERSONAL REFERENCES:	
1. Name: _____	
Relationship: _____	Telephone: _____
2. Name: _____	
Relationship: _____	Telephone: _____

Neighbors In Action – Safety Team Application

EMERGENCY CONTACT:

Name: _____

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?

WHICH AREA(S) ARE YOU INTERESTED IN PATROLING WITH NEIGHBORS IN ACTION? (Select at least one):

East Lake Street Area

Northrop Area

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 submit return completed applications:

In Person: To a Safety Team Patrol Shift Leader; At a Safety Team Patrol shift;
At the monthly Neighbors In Action Community Safety Meeting (visit www.niamn.org for dates/times)

Via Email: info@niamn.org

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

Phone: (612) 886-3345

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OFFICE USE ONLY

Application received (M/D/Y): ____/____/____

Orientation completed (M/D/Y): ____/____/____

Trainer: _____