PRINT RESET FORM

Borough of South Toms River

Police Department

Police Headquarters, 19 Double Trouble Rd. – South Toms River, New Jersey 08757

Telephone: (732) 349-0313

Fax: (732) 349-6864

Community Watch Program Participation Request Form

First Name:_____
Middle:_____
Last Name:_____
Address:_____
Date of Birth:_____
Phone #:_____
Cell Phone #:_____
Email Address:_____

I,_____, of full age and being duly sworn,
(Print name above)
Am making application to participate in the Borough of South Toms River Police Community Watch Program. I understand this is a volunteer program which may subject me to certain risks and that no compensation of any kind will be produced or provided for my participation if accepted. I further understand that any violation, criminal act, or non-compliance with program requirements will result in the immediate discharge of my participation status at the sole discretion of the Program Administrators.

I hereby release, indemnify and hold harmless the Borough of South Toms River Police Department and the Borough of South Toms River, including its Agents, Officials and Employees from any and all liability in connection with my participation in this program.

I understand and agree that to protect the integrity and security of this program a background check must be completed on me by the South Toms River Police Department and by virtue of my signature below, I hereby authorize same. Further, I hereby release, indemnify and hold harmless the Borough of South Toms River Police Department and the Borough of South Toms River, including its Agents, Officials and Employees and any Person, Agency, Institution, Center, Department, City, or Municipality so furnishing information, from any and all liability of each and every nature and kind, arising out of such furnishings, inspections, or collections of such documents, records, and other pertinent information during the background investigation conducted by the South Toms River Police Department.

_____
Print Full Name

_____
Signature of Applicant