



CITY WIDE SAFETY PATROL

SHMIRA PUBLIC SAFETY · תברוה שמירה

1273-50TH STREET BROOKLYN, NY 11219 TEL: 718-871-0000 FAX: 718-871-3344

EMERGENCY HOTLINE: 718-871-4444

EMERGENCY SERVICES * SEARCH & RESCUE * PUBLIC SAFETY



BROOKLYN DIVISION

MEMBERSHIP APPLICATION

Contact Information

Last Name: _____ First: _____ Middle Initial: _____

Date of Birth: ____/____/____ Are you a U.S. Citizen: _____ State ID #: _____

Address: _____ Apartment #: _____

City: _____ State: _____ Zip: _____ Cell #: _____

Do you have WhatsApp messenger or can you download: _____ Home #: _____

Work #: _____ Email Address: _____

Education

Have you earned a high school diploma or GED? _____

List all degrees, titles, certificates, and license that you hold, including any expiration dates: _____

Employment

Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ How long have you held this position: _____

Manager: _____ Phone #: _____

May we contact your Manager as a part of our confidential background check: _____

Criminal Record

Have you ever been arrested or charged with a crime: _____ If yes, list all arrests, convictions and pending charges: _____

Motor Vehicle Information

Do you have regular access to a motor vehicle? _____

Year: _____ Make: _____ Model: _____

License Plate #: _____ Registered in State: _____

Affiliations

List all community, emergency organizations and Law enforcement agencies that you belong to, including titles, and length of service

Emergency Contact and Medical Information

Emergency Contact Name: _____

Relationship: _____ Contact #: _____

List all medical issues, allergies, or other pertinent health related information: _____

Congregation

Shul: _____

Rabbi: _____

Availability

During what times are you most frequently available to engage in routine patrol? Please specify by days and times.

During what times are you most frequently available to respond to emergency calls? Please specify by days and times.

Signature of Liability

I, _____, do hereby state that all the information I have provided is true. I authorize Shmira Public Safety – Shmira Community Services, Inc., also known as CWSP Shmira and the CityWide Safety Patrol., and its affiliates to conduct a thorough background search on me, including but not limited to a New York City Police Department background search.

Print Name: _____ Sign Name: _____ Date: ___/___/___

I, _____, do hereby release Shmira Public Safety – Shmira Community Services, Inc., also known as CWSP Shmira and the CityWide Safety Patrol., including its affiliates, coordinators, supervisors, and administrators from any liability stemming from any activities performed during the course of volunteering with Shmira Public Safety – Shmira Community Services, Inc., also known as CWSP Shmira and the CityWide Safety Patrol., including but not limited to personal injury or death.

I understand that Shmira Public Safety – Shmira Community Services, Inc., also known as CWSP Shmira and the CityWide Safety Patrol. responds to emergency calls for assistance, including those stemming from natural and man-made disasters. I understand that missions may involve varying levels of risk to death or personal injury.

I understand that by joining Shmira Public Safety – Shmira Community Services, Inc., also known as CWSP Shmira and the CityWide Safety Patrol. I accept all risk of injury or death, and waive all liability from the organization and its affiliates.

I further understand that I am required to obey all local, state, and federal laws while performing any services as a volunteer with Shmira Public Safety – Shmira Community Services, Inc., also known as CWSP Shmira and the CityWide Safety Patrol. I understand that the organization and its affiliates bear no responsibility for my failure to adhere to any legal ordinance or statute.

Print Name: _____ Sign Name: _____ Date: ___/___/___

**ATTACH A PHOTO
COPY OF
DRIVERS LICENSE**