APPLICATION FORM

C.H.A.P.S.

VACATION WATCH-PATROL SERVICE

Thank you for your interest in serving as a volunteer in our C.H.A.P.S. Program. Please complete the following questionnaire by printing the information requested below.

NAME_____
Last First Middle

ADDRESS_____

TELEPHONE_____**CELL PHONE**_____

E-MAIL ADDRESS_____

MEMBER #_____

Are you interested in Vacation Watch (morning)_____ please check

Patrol Service (evening)_____ please check

Both_____ please check

Requirements:

1. Attend monthly General Meetings.
2. Serve an average of 2 events per month.
3. Get in and out of vehicles and walk on uneven surfaces.

Are you a year-round resident of Sun City Grand? _____

If not, how many months are you here? _____

Do you have a valid driver's license? Yes _____ No_____

Signed_____ Date_____

Please return your completed application to the Membership desk in the Palm Center.