



PROJECT SAFE NEIGHBOR



I would like to become a PROJECT SAFE NEIGHBOR volunteer. I am willing to assume the responsibilities of a volunteer and to permit the required police background investigation:

NAMES OF ALL RESIDENTS OVER 18	SS#	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDRESS: _____

HOME PHONE: _____ DAYTIME PHONE: _____

EMAIL: _____

EMPLOYER(S) _____ BUSINESS PHONE: _____

PREVIOUS ADDRESSES OF ALL RESIDENTS OVER 18 AT CURRENT ADDRESS:

HAVE YOU, OR ANY ONE LIVING AT YOUR HOUSE EVER BEEN ARRESTED? _____

IF YES, PLEASE EXPLAIN: _____

Would you consider being a Neighborhood Captain? YES _____ NO _____

SIGNATURE: _____ DATE: _____

SPOUSE SIGNATURE: _____ DATE: _____

Please mail to or deliver to: Upper St. Clair Police Department
 1820 McLaughlin Run Road
 Upper St. Clair, PA 15241
 Emergency Phone: (412) 833-7500 or (724) 941-7500
 Police Administration Phone: (412) 833-1113