



Abington Township Joint Town Watch Council Dog Walk & Watch Program

Application For Membership

Volunteer Information (Must Be a Resident of Abington Township):

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: Home: _____ Cell: _____

Drivers License #: _____ State: _____ Date Of Birth: _____

Dog Information:

Name (Dog Answers To): _____

Breed: _____ Color: _____ Size: Small () Medium () Large ()

Volunteer General Information:

Employer: _____ Work Phone #: _____

Address: _____ City: _____ State: _____

Previous Volunteer Experience: _____

Additional Information:

Have you ever been arrested by the Police or any agency for other than a traffic citation? Yes () No ()

If Yes, please explain: _____

I hereby attest that the information provided is true and correct to the best of my knowledge. I give my permission and authorization to the Abington Township Police Department to conduct a criminal history and background investigation.

Applicants Signature: _____ Date: _____

Please return to: CSO Dave Rondinelli or CSO Ken Hoffman
Abington Township Police Department • Community Policing Division
1166 Old York Road • Abington, PA 19001
267-536-1100, ext. 1074 • drondinelli@abington.org
267-536-1100, ext. 1662 • khoffman@abington.org

