

NORTHEAST CITIZENS PATROL REGISTRATION FORM

NAME: _____ **D:O: B:** _____

ADDRESS: _____ **EMAIL ADDRESS:** _____

PHONE NUMBER: _____ **ALTERNATE NUMBER:** _____

DO YOU HAVE A VALID MARYLAND DRIVERS LICENSE? YES _____ **NO** _____

VEHICLE INFORMATION:

MAKE: _____ **MODEL:** _____ **YEAR:** _____

COLOR: _____ **TAG#:** _____

ARE YOU AVAILABLE TO DRIVE FOR PATROL OR RIDE AS AN OBSERVER?

YES I CAN DRIVE: _____ **YES I CAN RIDE AS OBSERVER:** _____

WHAT NIGHTS ARE YOU AVAILABLE? CIRCLE ALL THAT APPLY:

THURSDAY / FRIDAY / SATURDAY

HOW OFTEN ARE YOU AVAILABLE TO DO PATROL?

WEEKLY BI-WEEKLY MONTHLY (CIRCLE CHOICE)

WOULD YOU PREFER TO BE PARTNERED WITH A SMOKER OR NON-SMOKER?

(CIRCLE CHOICE)

Please mail completed application to:

Mike Hilliard
Director Community Relations
HARBEL Community Organization, Inc.
5807 Harford Road
Baltimore, MD 21214