

COMMUNITY POLICE FORUM

NEIGHBOURHOOD WATCH VOLUNTEER APPLICATION FORM

GEORGE CPF





ANNEXURE A

APPLICATION FOR REGISTRATION AS A COMMUNITY SAFETY STRUCTURE

1. Name ¹.....
2. Area of operation.....
3. SAPS CAS Block/ Sector no.....
4. Address & tel. no. of the premises from which the activity operates.....

5. ID no, Name of owner of the premises from which the activity is to be operated.....

6. ID no, Name, Address, Tel no and occupation of the chairperson/ person responsible for liaison with the Station Commander, CPF, the Association and the Sector Manager.....

7. The Neighbourhood Watch is aware that the structure is a voluntary structure to render services as per the Constitution and free of charge to the residents or businesses in the area.

Signature _____
Chair/Responsible Person

1 Name of the Neighbourhood Watch



ANNEXURE B

APPLICATION FOR MEMBERSHIP OF THE NEIGHBOURHOOD WATCH

1. I¹.....
hereby apply for membership of².....
2. I am employed as.....
at³.....
3. I am in possession of a valid fire-arm license⁴.....
.....
4. I am aware that my membership and services are voluntary and free of charge and that I will be subjected to a screening and/or vetting process.
5. I am psychologically healthy and have no criminal record and no criminal cases are pending against me.
6. I will in the execution of my voluntary service to the residents and businesses in the area act within the framework of the law and the constitution and code of conduct for neighbourhood watches.
7. I am aware that I will be personally liable for my acts in the execution of my voluntary service to the residents and the business in the area.

Signature_____

- 1 ID nr, Name, Address and Telephone number
- 2 Name of the Neighbourhood Watch
- 3 Name, Address and telephone number of employer
- 4 No. and type of fire arm.



ANNEXURE C

RELEVANT SECTIONS OF THE CRIMINAL PROCEDURE ACT, ACT 51 OF 1977

The sections of the Criminal Procedure Act indicate the powers available to members of the public in order to assist the Police with arrests, search and seizures of Articles referred to in section 20 of the Criminal Procedure Act.



ANNEXURE D

PLEDGE OF ENDORSEMENT

1. I¹.....

ON BEHALF OF THE EXECUTIVE OF THE²

.....
HEREBY ENDORSE THE WESTERN CAPE CONSTITUTION AND CODE OF CONDUCT FOR COMMUNITY SAFETY STRUCTURES.

2. IT IS ALSO HEREBY CONFIRMED THAT THE EXECUTIVE COMMITTEE WILL ENSURE THAT ALL MEMBERS OF THE STRUCTURE COMPLY WITH THE PROVISIONS OF THE WESTERN CAPE CONSTITUTION AND CODE OF CONDUCT FOR COMMUNITY SAFETY STRUCTURES AND PROMOTE ITS AIMS AND OBJECTIVES.

3. THE NECESSARY STEPS WILL BE TAKEN AGAINST ANY MEMBER OF THE STRUCTURE WHO CONTRAVENES THE PROVISIONS OF THE WESTERN CAPE CONSTITUTION AND CODE OF CONDUCT FOR COMMUNITY SAFETY STRUCTURES AND ITS AIMS AND OBJECTIVES.

SIGNATURE: _____

DATE: _____

PLACE: _____

1 ID nr, Name and Surname

2 Name of the Neighbourhood Watch



INDEMNITY FORM BY APPLICANT WHO APPLY FOR TRANSPORT BY SAPS

SECTION 56 OF THE POLICE SERVICE ACT, ACT 68 OF 1995

Limitation of liability of State and members. Whenever any person is conveyed in or makes use of my vehicle, aircraft or vessel, being the property or under the control of the State in the Service, the State or any member shall not be liable to such person or his or her spouse, parent, child or other dependant for any loss or damage resulting from any bodily injury, loss of life or loss of or damage to property caused by or arising out of or in any way connected with the conveyance in or the use of such vehicle, aircraft or vessel, unless such person is so conveyed or makes use thereof in or in the interest of the performance of the functions of the State: Provided that the provisions of this section shall not affect the liability of a member who wilfully causes the said loss or damage.

SURNAME: _____

FULL NAMES: _____

RESIDENTIAL ADDRESS: _____

TEL NO: _____

CELL NO: _____

WORK ADDRESS: _____

declare herewith that above mentioned Regulation 56 of Act 68 of 1995 was brought under my attention by No _____ Rank _____
Name _____ on _____ place _____
and I declare further that the South African Police Service will not take any liability for any injury or death that may occur during any accident or incident.

SIGNATURE OF APPLICANT: _____

WITNESS (1) _____

WITNESS (2) _____