



**WEST CHESTER TOWNSHIP
POLICE DEPARTMENT
PARK WATCH PROGRAM**

PARK WATCH PROGRAM

The West Chester Police Department Park Watch Program is designed to encourage volunteer participation in monitoring public parks. Volunteers are asked to monitor and report activity in our parks which may be in violation of park rules, suspicious and/or potentially dangerous.

How to Become a Park Watch Volunteer

To become a Park Watch volunteer, complete a Park Watch Volunteer Application which is available at www.WestChesterOH.org, or call the West Chester Police Department Public Affairs Unit at 759-7280 and an application will be sent. You may also obtain this application at The West Chester Police Department, address below, during regular business hours, Monday through Friday 8:30 a.m. to 4:30 p.m.

The completed application should be returned to:

West Chester Police Department
Public Affairs Unit
9577 Beckett Road, Suite 500
West Chester OH 45069

The West Chester Police Department will complete background checks on all applicants.

Upon acceptance of your application, you will be registered as a Park Watch volunteer and will be asked to sign a waiver. You will be mailed a Park Watch membership decal for your vehicle and you will receive updates via email from the Police Department and Parks Division.



Park Watch Volunteer Application

Contact Information

Name	
DOB	
Social Security Number	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
- Weekday afternoons Weekend afternoons
- Weekday evenings Weekend evenings

Interests

Tell us in which parks or areas you are interested in volunteering

- Keehner Park
- VOA Park
- Beckett Park
- The Square
- Port Union Historic Canal Trail
- Special Events
- Volunteer coordination

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
My allergies or medical conditions	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I also attest that I am physically able to undertake the assignments to which I am assigned and will inform the appropriate personnel if there are any conditions that would prevent me from fulfilling my duties.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.