

Application for Membership to the Board of Directors
Crime Stoppers of Perth County Inc.

**NOTE: SUBMITTING AN APPLICATION DOES NOT GUARANTEE
ACCEPTANCE TO THE BOARD OF DIRECTORS**

SURNAME: _____ GIVEN: _____ MAIDEN: _____

DATE OF BIRTH: _____

ADDRESSES WITHIN LAST FIVE YEARS:

HOME PHONE: _____ E-MAIL: _____

EMPLOYED BY: _____

ADDRESS: _____

POSITION: _____

PHONE: _____

DO YOU NOW HOLD PUBLIC OFFICE?: _____

ARE YOU PRESENTLY WORKING FOR OR AFFILIATED WITH ANY ASPECT
OF THE MEDIA?: _____ MEDIA NAME: _____

HAVE YOU EVER BEEN ASSOCIATED WITH ANY OTHER CRIME STOPPERS
PROGRAM?: _____ IF YES, WHEN AND WHOM?: _____

NAME OF SPONSOR: _____

I understand that my application will be discussed by the present members of the Board of Directors. I also authorize the police to make inquiries as may be deemed appropriate. I understand that if I am accepted to the Board, that I will be required to attend all Crime Stoppers Board of Directors and/or Working Committee meetings. If requested to act of a spokesperson, I understand that it will be under the direction and guidance of the Chairperson and/or Police Coordinator. I will maintain confidentiality of all Crime Stoppers information and from time to time, participate in fundraising ventures for Crime Stoppers.

I HAVE READ THE ABOVE AND AGREE TO ABIDE BY THE CONDITIONS SET
OUT THEREIN:

SIGNED: _____ DATE: _____