

**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?: \_\_\_\_\_

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:

Sign: \_\_\_\_\_ Date: \_\_\_\_\_