



**WEST WINDSOR TOWNSHIP POLICE DEPARTMENT**

20 Municipal Drive • P.O. Box 38

West Windsor, New Jersey 08550

JOSEPH M. PICA, JR., Chief of Police

(609) 799-1222

FAX (609) 799-6338 • FAX (609) 897-9010

**West Windsor Community Emergency Response Team**

*Patrolman Sam Dyson, Program Coordinator*

**Application**

Please print all information

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_

Hair Color \_\_\_\_\_

Eye Color \_\_\_\_\_

D.L. # \_\_\_\_\_

S.S. # \_\_\_\_\_

My signature below indicates that I have voluntarily provided the above information to the West Windsor Township Police Department for the purpose of becoming a member of the *West Windsor Community Emergency Response Team*. It is my understanding that the information provided will assist the West Windsor Township Police Department to properly perform a Local, State, and National background record check. \* *All information obtained is kept strictly confidential.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

