



# JEFFERSON TOWNSHIP POLICE



## SPONSOR / DONATION INFORMATION

Donators Name:

Donators Title:

Business / Organization Name:

Product Donation:

Monetary Donation: ☐ \$25.00 ☐ \$50.00 ☐ \$75.00 ☐ \$100.00 ☐ \$200.00 ☐ \$300.00 ☐ \$400.00 ☐ \$500.00

Other Monetary Donation:

**MAKE CHECKS PAYABLE TO: JEFFERSON TOWNSHIP**

Please Provide Us With Your Logo / Branding For The Sponsor Table.

Phone Number:

Email:

Address:

## VOLUNTEER FORM

Name:

Male:

Female:

Child In Event: ☐ YES ☐ NO

Child Abuse Clearance: ☐ YES ☐ NO

Year:

Address:

Street:

Street:

City:

State:

Zip:

Date of Birth:

/ /

Age:

Under 18 years of age:

☐ YES ☐ NO

Primary Phone Number:

( )

Ext.

Secondary Phone Number:

( )

Ext.

Fax Number:

( )

Pager Number:

( )

Cell Phone Number:

( )

Text Message: ☐ YES ☐ NO

Email :

### Volunteer's Enclosed Documents for Clearance

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Current Criminal History Check – Pa. State Police – Every 5 Years

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Current Child Abuse Clearance Check – Every 5 Years

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I Do Not Have The Checks & Will Need Them Completed Prior To The Event.