

RIVER BEND COMMUNITY WATCH

MEMBERSHIP REQUIREMENTS AND PRIVILEGES

Membership Requirements

- Membership in Community Watch is free.
- Members must reside in the Town of River Bend and be at least eighteen years of age.
- All resident applicants must fill out a Membership Application and a Liability Release. You will be notified within thirty days regarding the status of your application to join Community Watch.
- Membership may be terminated at any time for unacceptable behavior or violation of the Rules and Regulations set forth by the Police Department and Community Watch.
- Every member will receive a Policy and Procedures Manual detailing crime reporting and general guidelines.
- Community Watch Patrollers are not allowed to carry firearms or weapons of any kind.
- Patrollers are not to engage suspected criminals in any manner or attempt to apprehend.
- Members will not divulge proprietary Community Watch or law enforcement information to the public or use such information for personal gain or agenda.

Membership Privileges

Each Community Watch member:

1. Will have one vote at the - three per year - general membership meetings.
2. May run for any officer positions.
3. May serve on task forces, standing and appointed committees.
4. May bring any business before the membership.
5. May have items placed on meeting agendas for consideration.
6. May voice comments, suggestions, questions and concerns at general meetings.

12/5/2024



RIVER BEND COMMUNITY WATCH APPLICATION

(Must be 18 years or older River Bend resident with separate application for each applicant)

NAME: _____ **D o B:** _____

ADDRESS: _____

EMAIL: _____ **PHONE:** _____

PLACE OF EMPLOYMENT: _____

PLEASE CHECK ANY OF THE FOLLOWING YOU WOULD BE INTERESTED IN PARTICIPATING:

- Performing walking, driving, biking, etc. patrols**
- Volunteering for Special Events**
- Volunteering to staff the police office**
- Serving on committees or taskforces**
- Other:** _____

By signing this application, I hereby express my desire to become a member of River Bend Community Watch. I understand that a criminal records check may be used as a basis of determining my suitability for membership and I consent to having such records check performed. If accepted to membership, I agree to follow the policies and procedures outlined in the manual provided to me and other lawful policies and procedures as may be from time to time adopted by Community Watch or the Town of River Bend.

SIGNATURE: _____ **DATE:** _____

When application is complete, please contact Egon Lippert at 252-617-0179 or egonlippert@yahoo.com , or Jim Kelly at 252-772-5392 or jwkelly1@suddenlink.net or drop it off at Town Hall.

THANK YOU FOR VOLUNTEERING

12/5/2024

TOWN OF RIVER BEND

Community Watch Volunteer

Acknowledgement, Waiver and Release of Liability

READ CAREFULLY, THIS IS A GENERAL RELEASE OF CLAIMS FOR INJURY:

I, _____ (please print) hereby agree to the following
(Initial each item below):

1. I understand there is an inherent risk associated with any community program that may result in injury, including my voluntary participation in Community Watch. Patrol duties may challenge my cardio-respiratory and musculoskeletal systems. I understand and am aware that the components of participation in Community Watch are potentially hazardous activities and may cause injury.

Initials

2. I, for myself, my heirs, personal representatives, and assigns, do hereby waive and release the Town of River Bend, its elected officials, and employees from all liability and responsibility for injury, accident, illness, legal and medical fees sustained now or in the future resulting from my participation in any Community Watch related activity.

Initials

3. I acknowledge that I have read this waiver of liability form. I fully understand its terms and conditions, and understand that I am giving up my right to sue the Town of River Bend, its elected officials and employees. I acknowledge that I am signing this agreement voluntarily, and intend by my signature to be a complete and unconditional release of liability to the greatest extent allowable by law.

Initials

In consideration of participation in a Town of River Bend program or activity granted to the undersigned by the Town of River Bend, I, for myself, my heirs, personal representatives, and assigns, recognizing the dangers and risks associated with participation in such programs or activities, do hereby assume said dangers and risks involved in and associated with same at the Town of River Bend facilities, and do forever discharge the Town of River Bend, its agents, servants, and/or employees, of and from any and all claims, demands, damages, actions, causes of action, or suits of every kind, character, and description which I, my heirs, personal representatives, and assigns, may have for, on account of, or in connection with the permission extended to participate in a Town of River Bend recreational program or activity, or in any manner, directly or indirectly, resulting from, arising out of, or in connection with participating in such program or activity.

Signature of Participant: _____ Date: _____

Witnessed by: _____

12/5/2024