

**SALT LAKE CITY, UTAH
OPERATION SAFE PASSAGE**

MEMBERSHIP AGREEMENT

I, *(please print name)* _____, wish to participate in the Salt Lake Operation Safe Passage program. I do so with full knowledge that I will be acting as a private citizen representing my community, and that I will be responsible for my own actions. I understand that the information provided by me will be used as the basis for a police background investigation to determine my suitability for the program.

I recognize that, while serving in this program, I will be acting neither as a city employee nor as a city volunteer as defined by Utah laws. I understand, however, that I will be acting as a representative of my community, and that my behavior in the program will be judged by high standards. In particular, I agree that...

- I will serve as eyes and ears for my community.
- I will learn to recognize and will report to the police and criminal activity in my neighborhood.
- I will comply with the rules and guidelines approved by the Operation Safe Passage leadership. I will comply with all ordinances.
- I will never represent myself as an officer or employee of the Salt Lake City Police Department.
- I will carry no weapons while patrolling for Operation Safe Passage.
- While patrolling for Operation Safe Passage, I will not confront criminal suspects or attempt to arrest them.
- I will not attempt to profit from my service in the Operation Safe Passage program.
- I will comply with Utah State insurance regulations for any vehicle I provide or use in the program, including \$100,000/\$300,000 liability coverage.
- I agree that Salt Lake City Corporation is not responsible for my actions while serving in this program, and that Salt Lake City Corporation is not responsible for any injuries or damages sustained to my personal property as a result of my service.

I certify that all information provided by me on both sides of this form is true and accurate to the best of my knowledge. Further, I grant permission for any information developed during the police background investigation to be discussed with the Executive Committee of Operation Safe Passage program and with civilian police volunteers to determine my suitability for the program.

Applicant Signature _____ Date _____

Operation Safe Passage Member _____ Date _____

Return to: Operation Safe Passage
Salt Lake City Police Department
315 East 200 South
Salt Lake City, UT 84111

Application for Membership

SALT LAKE CITY OPERATION SAFE PASSAGE

Date: _____ **Area:** _____

Date of Class #1	Date of Class #2	Personal Non-Family Reference	Phone	Relationship
Name	Social Security Number	Personal Non-Family Reference	Phone	Relationship
Home Street Address		Personal Non-Family Reference	Phone	Relationship
City	State	ZIP	Have you ever been convicted of a crime?	
Home Phone	Email Address	If so, where, when and the nature of the arrest.		
Date of Birth	Place of Birth	Have you ever served in the U.S. armed forces?		
Utah Driver's License Number	Expiration Date	If so, give branch of service and service ID:		
Primary Employer	Employer's Phone Number	Vehicle to be used for patrols (Color, Year, Make, Model)		
Employer's Street Address	Utah License Plate Number			
City	State	ZIP	Registered Owner	Phone
Supervisor	Phone Number	Insurance Carrier	Police Number	