



DEPT OF COMMUNITY SAFETY

COMMUNITY PATROL PROGRAMME: JOINT INITIATIVE INVOLVING COMMUNITIES, THE SOUTH AFRICAN  
POLICE SERVICES (SAPS) AND THE DEPARTMENT OF COMMUNITY SAFETY

REGISTRATION FORM

NAME OF STATION : \_\_\_\_\_

SECTOR\_NO : \_\_\_\_\_

1) PERSONAL DETAILS:

a) Surname : \_\_\_\_\_

b) First Names : \_\_\_\_\_

c) Identity Number : \_\_\_\_\_

d) Nationality : \_\_\_\_\_

e) Place of Birth : \_\_\_\_\_

f) Gender : \_\_\_\_\_

g) Race : \_\_\_\_\_

h) Full Residential Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

i) Contact Details : Cell Number : \_\_\_\_\_

Email Address : \_\_\_\_\_

j) Medical Aid Details : Med Aid Name : \_\_\_\_\_

Med Aid No : \_\_\_\_\_

k) Blood Type : \_\_\_\_\_

l) Allergies : \_\_\_\_\_

m) Disabilities : \_\_\_\_\_

n) Education : \_\_\_\_\_

o) Qualifications : \_\_\_\_\_

\_\_\_\_\_

p) Employment Status : \_\_\_\_\_

q) Criminal Record : \_\_\_\_\_

2) DETAILS OF MILITARY / POLICE / SECURITY / SPECIAL EXPERTISE BACKGROUND:

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3) DETAILS OF GUN COMPETENCY:

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4) DETAILS OF FIREARM LICENCES (Please attach copy) :

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5) DETAILS OF NEXT OF KIN:

a) Surname & Name : \_\_\_\_\_

b) Relationship : \_\_\_\_\_

c) Contact Number : \_\_\_\_\_

d) Full Residential Address : \_\_\_\_\_

\_\_\_\_\_



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## CONDITIONS ATTACHED TO VOLUNTEERING AS A COMMUNITY PATROLLER

- 1) Individuals will be required to perform voluntary duties with no remuneration from the state or local police.
- 2) Every individual to sign and abide by the code of conduct.
- 3) Members of the Patrol Group must attend Sector meetings as arranged by the CPF Sector Team (Community representatives at sector level and sector manager) of particular Sector.
- 4) Individuals must be prepared to have their fingerprints taken and sent for clearance.
- 5) Individuals to abide by the relevant laws especially the criminal law and may not, at any stage, assault, interrogate, ill-treat or show disrespect to any individual of the community. Any patrol group member must also respect the rights of individuals as contained in chapter 2 (Bill of Rights), Act No 108 of 1996 (The Constitution of the Republic of South Africa).
- 6) Individuals to work closely with the group leader/sector manager and other members of the SAPS and cooperate at all times.
- 7) The police must be called immediately to take over a crime scene, complaint, arrested Person or recovery of any suspected stolen good(s).
- 8) Individuals must book on and off duty in the Z8 register book.
- 9) To book on free of injuries, sickness or illness.
- 10) To report on duty sober and ones sound senses and not consume any liquor or drugs whilst on duty.
- 11) Every individual to take every possible precaution to stay away from danger and not to approach persons, suspects or crime scenes where danger may exist. Individual must not handle or search any suspicious parcels e.g. Bombs. The police should be called immediately.
- 12) Community Patroller are not supposed to report on duty with a firearm.
- 13) Individuals to work within the sector and to manage and take care of whatever available resources provided by the Department of Community Safety, District /Local Municipality, Police, CPF or Community.



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## CODE OF CONDUCT

I, \_\_\_\_\_

- a. Will at all times act in a manner that will uphold and promote the objectives of the patrol groups.
- b. Will not exploit my membership of the patrol group to my personal advantage.
- c. Will serve the patrol group in an unbiased and objective manner.
- d. Will not involve myself in any corruption but commit to reporting corruption to the police.
- e. Shall not accept any payment, commission or gratuity in connection with my membership into the Patrol group.
- f. Shall be suspended from the patrol group if I am allegedly accused of a serious crime until the Case has been resolved.
- g. May be expelled in case of any breach of the code of conduct, should the CPF Executive (Police Management and Community Representative) consider me a person no longer fit and proper to be a member of the patrol group.
- h. Will at all times remember that as a member of the patrol group, remain accountable to the local CPF.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_



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## OATH OF OFFICE / ATTESTATION

I, \_\_\_\_\_ (First Names & Surname)

states that;

- 1) While a member of the Patrol Group, I shall perform my duties as such to the best of my ability.
- 2) Further agree to hand over any arrested person and or seized property to a member of the South African Police Services on duty in my area of deployment.
- 3) Further agree that this is voluntary service e to fight crime in my community and undertake not to assault or ill-treat members of the public in the execution of my duties.
- 4) Further agree to adhere to the set conditions for working as a patroller.
- 5) I am aware of the fact that the IDENTIFICATION CARD, REFLECTIVE JACKETS & any other equipment is the property of the Department of Community Safety and Local CPF and shall be handed over to the designated Commander or Sector Manager upon termination of service.

I know and understand the contents of this statement I have no objection(s) to taking the prescribed oath.

I truly confirm that the contents of the statement are true.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

\_\_\_\_\_  
Signature (Patroller)

\_\_\_\_\_  
Signature Sector Manager

\_\_\_\_\_  
COMMUNITY POLICE FORUM CHAIRPERSON



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## FOR OFFICIAL USE ONLY

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn on / affirmed before me. The deponent signature / thumb print / mark was placed thereon in my presence.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

\_\_\_\_\_  
COMMISSIONER OF OATHS

Full Names (In Block Letters):

\_\_\_\_\_

Rank:

\_\_\_\_\_

Station:

\_\_\_\_\_