

Education: List education received beginning with high school.

Name of School	Location of School	Degree or Units Completed

Employment: List work history for past 2 Employers if within 5 Years.

Employer	Title or Position
Address	Date of Employment
Employer	Title or Position
Address	Date of Employment

Criminal History:

Have you ever been convicted of a felony? Yes No
 Have you ever been convicted of a misdemeanor? Yes No

If yes, provide the following information:

Date	Charge(s)	Police Agency	Disposition/Penalty

Additional Comments, or Continuation of Information Listed Above:



Authorization for release of records:

I, _____, hereby authorize the Noblesville Police Department to request of any law enforcement agency or former employer to release all information (including, but not limited to, traffic violation(s), conviction(s), and pending criminal charge(s) to the Noblesville Police Department, or its representative, that may be sought in connection with this department for crime watch services with the Noblesville Police Department.

(Signature)

We appreciate the time you took to complete this application and we will contact you in the near future regarding this application.

Please return completed application to:

Noblesville Police Department
Sgt. Greg Kehl, Crime Watch Program
135 S 9th Street
Noblesville, IN 46060

For NPD Use Only:

Date Received: _____

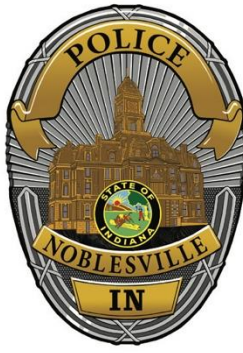
IDACS Check: _____

In-House Check: _____

ID card Issued: _____

Volunteer Shirt Issued: _____





**NPD Crime Watch Coordinator
Application/Background Release**

As an applicant to the Noblesville Police Department for the position of Neighborhood Crime Watch Coordinator, I recognize that an employing law enforcement agency has a legal, as well as moral obligation, to make every reasonable effort to ensure that persons who volunteer, or in other positions, conform to the very highest standards.

For the officials of the Noblesville Police Department to be fully informed of my personal character and qualifications for volunteering as a Noblesville Crime Watch Coordinator, I authorize the Noblesville Police Department to conduct a National and Local Criminal History check on me. I acknowledge that information found not in good moral and ethical standing will prevent me from being a coordinator. I acknowledge that any false statement knowingly made in answering the above questions is good cause for removal from the Crime Watch program.

I release and hold harmless the Noblesville Police Department and their officers, agents, or assigns, now and in the future, from any claims of damage in law of inequity on behalf of myself, my heirs or assigns, for their refusal to make available any and all of the information contained in the pre-appointment investigation, including, but not limited to, the identity(ies) of any person(s) and/or organization(s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied.

Dated this _____ day of _____, 20__.

Signature of Applicant: _____

Applicant Name Printed: _____

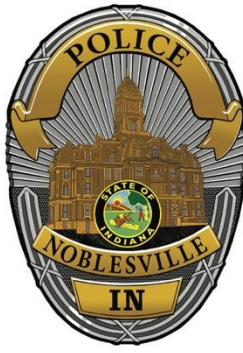
Notary Public

Subscribed and sworn before me on this ___ day of _____, 20__.

Notary public in and for said County of _____, State of ____.

Notary Public: _____ Exp: _____





**NPD Neighborhood Crime Watch Coordinator
Medical Release Form**

I know of no health or fitness restriction that would preclude me from participating as a Noblesville Police Department Volunteer. I understand my position as a Noblesville Police Department Neighborhood Crime Watch Coordinator can include a combination of education/training, practical, hands-on, competitive, and recreational activities, including but not limited to: Ride-Along Program, assisting NPD in areas of crime prevention, traffic/control, record keeping, telecommunications, and various other duties.

In the event of a serious illness or injury to myself during an activity that I am actively participating as a Neighborhood Crime Watch Coordinator, I consent to emergency medical treatment, x-ray examinations, anesthesia, medical or surgical diagnostic procedures, or treatment that is considered necessary in the best judgement of the emergency medical technician/paramedic and the attending physician.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach the listed emergency contact will be attempted. I also understand that the Noblesville Police Department and the City of Noblesville shall not be held liable for any illness or injury I may have as a Neighborhood Crime Watch Coordinator.

Dated this _____ day of _____, 20__.

Signature of Applicant: _____

Applicant Name Printed: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Address: _____ Phone Number: _____

Notary Public

Subscribed and sworn before me on this ___ day of _____, 20__.

Notary public in and for said County of _____, State of _____.

Notary Public: _____ Exp: _____

