

**NORTH COVENTRY TOWN WATCH, INC.
APPLICATION FOR MEMBERSHIP**

Applicants must be 18 years of age or older

To be completed by applicant:

FULL NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ TELEPHONE: _____

SOCIAL SECURITY #: _____ HEIGHT: _____ WEIGHT: _____ HAIR/EYE COLOR: _____

OPERATOR'S LIC #: _____ VEHICLE DESCRIPTION – MAKE: _____ MODEL: _____

COLOR: _____ YEAR: _____ PA REG #: _____ VIN #: _____

EMPLOYER: _____ TELEPHONE: _____

DO YOU POSSESS ANY EXPERIENCE OR SPECIAL SKILLS THAT MAY BE HELPFUL TO THE PROGRAM?

PLEASE LIST: _____

INDICATE PREFERENCE: BASE OPERATOR ___ PATROL ___ ADMINISTRATIVE ASSISTANT ___

INFORMATION RELEASE / RELEASE FROM LIABILITY

I, _____, being eighteen years of age or older, hereby authorize any officer or agent of the North Coventry Police Department to have access to any and all of my records of information pertaining to me, held by any company, department, agency or individual, in order to complete the background investigation to which I freely agree in my application for North Coventry Town Watch, Inc. membership.

I hereby release North Coventry Township and any and all of its officials or agents, North Coventry Police Department and any and all of its officers or agents, North Coventry Town Watch, Inc. and any and all of its officers or agents, from any and all liability or claims involving records or information they receive in the background investigation, and any and all liability, claims and/or losses however so arising, during my participation in the North Coventry Town Watch program.

I further agree to abide by all of the rules, regulations, and by-laws established and adopted for North Coventry Town Watch, Inc. and its members regarding their participation in the North Coventry Town Watch program.

SIGNATURE OF APPLICANT: _____ DATE: _____

CHIEF OF POLICE

PRESIDENT, TOWN WATCH

To be completed by Police Department:

FINGERPRINTS TAKEN BY: _____ DATE: _____

PHOTOGRAPH TAKEN BY: _____ DATE: _____

POLICE CRIMINAL RECORDS: _____ EMPLOYMENT INFO: _____ DRIVER RECORDS: _____

INVESTIGATOR'S SIGNATURE

CHIEF OF POLICE'S SIGNATURE

DATE: _____

DATE: _____

APPROVED: _____ DISAPPROVED: _____ TOWN WATCH # ASSIGNED: _____