

**OFFICE OF THE CHIEF  
MILLERSPORT OHIO**

Mark Consolo, Chief of Police



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

I hereby give my permission for authorized agents of the Millersport Police Department to conduct an investigation of my background, including but not restricted or limited to education, employment, health, reputation, credit, military records and any other factors which such agents may deem proper and necessary subjects of investigation, in order to properly assess my character and background in connection with my application for the position of Neighborhood Watch Volunteer.

I give my permission for any person, business, or institution contacted in the course of such investigation release any and all information properly requested, and copies of the same if requested, and do hereby release such person, business or institution from all liability for providing correct information.

I recognize the right of the Millersport Police Department to treat, at its discretion, certain sources of information as confidential, and its right to withhold from me or my agent's the names of such confidential sources, and information obtained therefrom.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed or Typed Name

Sworn to and subscribed before me by the above named applicant this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

\_\_\_\_\_  
Notary Public  
My Comission Expires \_\_\_\_\_

**PLEASE PROVIDE A SUMMARY OF WHY YOU WOULD LIKE TO PARTICIPATE IN THE  
“NEIGHBORHOOD WATCH PROGRAM”**

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I understand that as a requirement for membership in the Millersport Police Department Neighborhood Watch Program, I must truthfully complete and submit this application form. As part of the application process, I understand that I will also be required to complete and submit a Millersport police Department personal information release, which authorizes the release of traffic and or criminal convictions contained in my police record. Failure to complete either will result in my disqualification and removal as a candidate for the Neighborhood Watch Program.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date Signed



# **MILLERSPORT POLICE DEPARTMENT**

## **NEIGHBORHOOD WATCH PROGRAM APPLICATION FORM**

**(PLEASE PRINT OR TYPE CLEARLY)**

**APPLICATION MUST BE FULLY COMPLETED TO PARTICIPATE IN PROGRAM**

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**NAME(FIRST, MI, LAST):**

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**CURRENT STREET ADDRESS:**

**STATE:**

**ZIP CODE:**

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**PREVIOUS ADDRESS:**

**STATE:**

**ZIP CODE:**

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**HOME PHONE:**

**CELL PHONE:**

**WORK PHONE:**

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**DRIVERS LICENSE#:**

**STATE ISSUED:**

**DATE OF EXPERATION:**

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**EMAIL ADDRESS:**

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**EMPLOYER:**

**NEIGHBORHOOD/TOWNSHIP:**

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**STREET ADDRESS:**

**STATE:**

**ZIP CODE:**

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**SUPERVISOR:**

**WORK PHONE:**

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### **LIST OF ALL CRIMINAL AND TRAFFIC CONVICTIONS:**

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**\*Application cannot be processed without the above information\***