

Olde Town Neighborhood Watch Association Patroller Application

I, _____, understand and agree to follow all
(please print) rules and procedures as stated by the Olde
Town Neighborhood Watch Association (OTNWA).

While performing volunteer duties for OTNWA, I agree to:

- A. Maintain motor vehicle insurance.
- B. Consent to a background check.
- C. Wear OTNWA identification.
- D. Return any and all OTNWA equipment and identification to the patrol captain.

I understand that neither the OTNWA nor any members there of will be held liable for any damage to personal property, vehicles or personal injury incurred or caused while performing volunteer duties. I also understand that all duties are volunteer and there will be no reimbursement by the OTNWA for personal time or any type of motor vehicle expense.

The following information is required for certification and I understand by signing that I am authorizing the Del City Police Department to run a background check on me.

Address: _____

Email: _____

Cell Phone #: _____

Phone #: _____

Drivers License #: _____ Exp Date: _____

Date of Birth: _____

Signature: _____ Date: _____



D.C.P.D. Use Only

OTNWA Use Only

Date: _____ Initial: _____

Date Received: _____

N.C.I.C. _____

Date Returned: _____

O.S.B.I. _____

Date Issued: _____

I.I.I. _____

Notes: _____

Accepted: _____ Rejected: _____

OTNWA #: _____

