

**NOBLESVILLE POLICE DEPARTMENT  
CRIME WATCH COORDINATOR**

**Application**

Name: \_\_\_\_\_ Sex:  Male  Female  
                    Last                              First                              Middle

Address: \_\_\_\_\_  
                                (Street)                                      (City)                                      (State)                                      (Zip Code)

Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Previous Names: \_\_\_\_\_  
(Include maiden names, previous married names, and aliases)

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell phone #: (\_\_\_\_) \_\_\_\_\_

Present or Most Recent Occupation: \_\_\_\_\_

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



**NOBLESVILLE POLICE DEPARTMENT**

**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:**

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**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. Marley Pagel, Crime Watch Program  
135 S 9<sup>th</sup> Street  
Noblesville, IN 46060

**For NPD Use Only:**

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

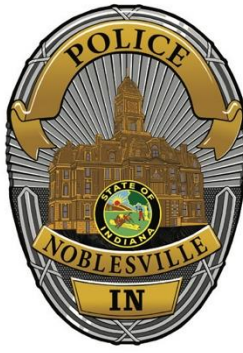
IDACS Check: \_\_\_\_\_

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: \_\_\_\_\_

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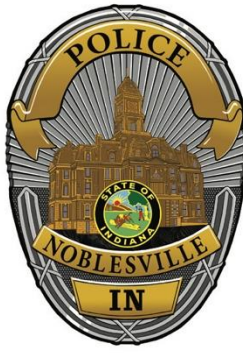
**Notary Public**

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: \_\_\_\_\_

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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: \_\_\_\_\_

