



North Port Neighborhood Watch, Inc.

P.O. Box 7613, North Port, FL 34290

Phone: 941-587-7887

www.npnw.org

NEIGHBORHOOD WATCH

VOLUNTEER APPLICATION

Instructions:

Please **PRINT** clearly in ink or use a typewriter. Pencil is not acceptable.

Do not leave sections blank. If a question does not apply, indicate it is not applicable. Incomplete forms may not be accepted. (Please mail application to the above address. Any questions please call the above phone number.)

Application Date: _____ Email: _____ Shirt Size: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Local Address: _____ Years lived here: _____

City/State/Zip: _____ North Port Residency is: Seasonal Permanent

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Are you over 18 years old? Yes No Date of Birth: _____

Have you been known by or used any other name(s)? Yes No

If yes, list name(s): _____

How did you hear of this opportunity? _____

Have you ever been employed with the City of North Port? Yes No

If yes, list date and department: _____

Do you have any relatives currently employed by the City of North Port? Yes No

If yes, list date and department: _____

Are you an alien legally eligible to reside in the United States? Yes No N/A

If yes, proof is required. List and Attach: _____

Have you ever been convicted of a felony? Yes No

If yes, list date, place, offense and fine (or sentence) for each in the space below.
(Conviction will not necessarily disqualify any applicant from consideration.)

Do you possess a valid driver's license or state issued ID? Yes No

Issuing State: _____ Expiration Date: _____

Special Skills

- ___ wordprocessing
- ___ spreadsheets
- ___ powerpoints
- ___ digital graphics
- ___ webmastering
- ___ fund raising
- ___ marketing
- ___ sales
- ___ law enforcement
- ___ fire fighting
- ___ military
- ___ other
- ___
- ___ other
- ___
- ___ other
- ___

Committees

I am interested in:
(please choose one)

- ___ Social--Sunshine
- ___ Child ID Video
- ___ Fund Raising
- ___ Event Planning
- ___ Membership
- ___ Technology

Employment Status employed just part time unemployed retired

Applicant Information. We would like to know about you. Can you please attach a short bio-sketch about yourself? (This is optional; but will be appreciated greatly. Typed if possible, hand written is acceptable)

- Why did you locate to North Port? How long ago? Why do you want to join the Watch?
- Previous work experience, type of work, where did you work? Anything else you'd like to share?

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

CERTIFICATION: I certify that the information set forth in my volunteer application is true and complete to the best of my knowledge. I understand that any incorrect, incomplete, exaggerated or false information furnished by me will subject me to disqualification or to discharge from volunteer status at any time. I understand that it is my responsibility to include with my application copies of verification of any education, license, or certification requirements for the volunteer position for which I have applied. I understand that final approval of volunteer status depends upon satisfactory completion of a background check. Any illegal substance, controlled or otherwise, which shows in a drug/alcohol screen results will result in my immediate disqualification from civilian volunteer status. In addition, I understand that I will be required to provide documents establishing my identity and authorization to perform volunteer work in the United States. I will attend the Academy, provided by the Neighborhood watch for training after completion of a Ride-along with North Port Police Department.

STATEMENT OF APPLICANT: I authorize my former employers and character references to release any information regarding my background. I hereby authorize the North Port Neighborhood Watch to make any investigation of my background as is deemed necessary to verify my qualifications for the position for which I am applying. I further understand that equipment assigned to me, including uniforms, will be returned upon separation.

Applicant's Signature: _____ **Date:** _____
(Unsigned application will not be processed)

Please mail the completed application to: North Port Neighborhood Watch, P.O. Box 7613, North Port, FL 34290, or Call us at 941-587-78887. Visit us online at <http://npnw.org> and read the Applicant Processing page under the Notices Tab.

This space for NPNW application processing use ONLY. **Date Application Received:** _____

First contact date: _____ by: _____ comments: _____

Date Ride-along completed: _____ Verified by: _____ Officer's Name: _____

References checked on: _____ by: _____ **ACCEPTED/REJECTED** Date: _____ by: _____

Academy Training: Class or Online Instructor/Proctor notified on: _____ by: _____

Academy Training completed on: _____. **PASS/FAIL** as verified by: _____ Webmaster Notified: _____

ID #: _____ Card printed on: _____ by: _____ Member's home patrol district: _____

Block Captain's Name: _____. BC notified on: _____ by: _____

Applicant notified of scheduled induction date (monthly meeting), Date: _____ by: _____ assigned district, and BC's name.

OTHER NOTES: