

**Carson Sheriff's Station
Neighborhood Watch
Block Captain's Program Application**

Orientation

You have volunteered to support the Carson Sheriff's Station in the progressive and effective implementation of a Neighborhood Watch program in your neighborhood.

Your function in this program is to encourage cooperation between the residents of your neighborhood and the Sheriff's Department in reducing crime in your community. As a Block Captain, you have an obligation to the public we serve to maintain the highest ethical standards in both your personal and official conduct.

Confidential Information:

As a Block Captain, you may be exposed to sensitive information. Remember, official business of the Sheriff's Department should remain confidential and should only be discussed or given to those persons for whom it was intended. Any personal information, such as names, addresses or phone numbers, of any other Block Captains or Neighborhood Watch members will be kept confidential.

This information will be used only for crime prevention programs and will not be used for or released to any of the following:

- Charitable Solicitation
- Religious Programs
- Political or Campaign Activities
- Business Solicitation

The content of any criminal record filed with the Sheriff's Department shall be shown or divulged to authorize person(s) only.

Fraternization:

Be aware that as associates of the Sheriff's Department you are prohibited from fraternizing with, engaging in the services, accepting services from or performing favors for any persons in custody or recently released from the custody of the Department. Any members contacted by or on the behalf of a recently released prisoner shall immediately report such contact verbally and in writing to the Carson Sheriff's Station Community Relations Sergeant.

_____ Initials

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Personal Information

Fill out this Security Questionnaire completely and accurately. This information will be used to conduct a background check and all answers are subject to verification. Incorrect or omitted information may disqualify you from the program. If the space provided is inadequate, add another page and identify the additional information by its original item number.

PRINT ALL ANSWERS:

1. _____
 Last Name First Name Middle Initial

Aliases/Other Name(s): _____

2. Address: _____

City: _____ State _____ Zip Code: _____

3. Primary Phone #: _____ Work #: _____

Cell Phone#: _____ Other Phone #: _____

4. Email address: _____

Alternate Email Address: _____

5. Birth Date: _____ Birth Place: _____

6. Driver's License #: _____ State: _____

7. Block Club Name: _____ RD: _____

8. Referred by: _____ Phone #: _____

Signature: _____

Date Signed: _____

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Criminal History

Answer all of the following questions completely and accurately. Any false information may disqualify you from the program.

Have you ever been arrested? Yes _____ No _____

If yes:

1. What was the crime charge? _____

Arresting Agency name: _____

Date of Arrest: _____ Disposition: _____

2. What was the crime charge: _____

Arresting Agency name: _____

Date of Arrest: _____ Disposition: _____

Comments or explanations related to the above information:

Check box if additional page are attached:

_____ Initials

Do not write below line – Internal use only

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Date Received: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Reason for denial: \_\_\_\_\_

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_