

Tiltonsville, Ohio

Neighborhood Watch Program



Membership Application

Date of Application ____/____/____

Name: _____ D.O.B. _____
(Please include First, Middle, and Last)

Address: _____, Tiltonsville, Ohio 43963

Phone: _____ Cell: _____

Spouse or Other Occupant: _____

Children : _____

Years at Residence : _____

Are you a homeowner: Y or N

Do you Rent: Y or N

Do you own Rental Property in Tiltonsville : Y or N

Do you have a Business in Tiltonsville : Y or N

Are you employed / Retired (Please Specify)

Would you like to be considered for Block Captain: Y or N

Would you like to be considered as a Member Only: Y or N

Are you able to attend monthly Watch meetings: Y or N

AUTHORITY TO CONDUCT IDENTIFICATION CHECK

Being a volunteer for the Tiltonsville Neighborhood Watch Program, I hereby authorize the Tiltonsville Police Department to make an identification check for the purpose of determining a prior offender record. "A previous criminal record is not an automatic disqualification from membership. If there is a prior record, the application will then be reviewed by the Advisory Board". The Advisory Board consists of the Commander, Block Captains, Secretary, Treasurer, and a member of the Police Department. This application will be reviewed and membership will be determined by the next scheduled meeting. By signing this application I attest that all information provided above is accurate and true. I authorize the Tiltonsville Police Department to perform a background check and provide the Tiltonsville Neighborhood Watch with the necessary information to evaluate this application for membership. also understand that any information gathered will remain in strictest confidence and be known only to the Advisory Board.

Signature