



BLOCK WATCH REPRESENTATIVE APPLICATION

NEIGHBORHOOD

DATE

**YOUR COMPLETED APPLICATION SHOULD BE RETURNED TO
1717 E. Polston, Post Falls, ID 83854 – or via e-mail using the Submit Button**

Last Name	First Name	Middle Initial
Address	Zip Code	Phone Number
Date of Birth	Email	
State Where Born	Other states lived in	
How long at present address?	If less than one year, Give Previous address	
Have you ever been convicted of a crime in a court of law, civilian or military? <input type="checkbox"/> NO <input type="checkbox"/> YES - explain		

ALL SPACES MUST BE FILLED IN COMPLETELY TO BE PROCESSED.

List any organizations of which you are a member.
Are you or any member of your household currently involved in any neighborhood disputes that may have to be mediated by police? <input type="checkbox"/> YES - explain <input type="checkbox"/> NO
Are you or any member of your household the subject of a criminal investigation being conducted by any law enforcement agency? <input type="checkbox"/> YES - explain <input type="checkbox"/> NO
Would you have any problem with or providing service to any person because of race, religion, culture or sexual orientation? <input type="checkbox"/> YES - explain <input type="checkbox"/> NO
Are you a member of any organization that advocates the overthrow of the U.S. Government? <input type="checkbox"/> YES - explain <input type="checkbox"/> NO



REFERENCES (Other than relatives or past employers)			
Name		Phone Number	
Address	City	State	Zip Code
Name		Phone Number	
Address	City	State	Zip Code
Name		Phone Number	
Address	City	State	Zip Code

POST FALLS POLICE DEPARTMENT - AUTHORIZATION TO RELEASE INFORMATION

As an applicant to be a Post Falls Block Watch Representative, I hereby authorize Idaho Law Enforcement agencies to conduct a background investigation to determine the qualifications of all household members, age 18 years and over, to participate in this program. I understand that such a background investigation is being conducted solely to make sure adult members of the household of the Block Watch representative are law-abiding citizens and cleared for providing such services. All information is to remain confidential as required by state and federal law.

Note: A photocopy reproduction of this document shall be for all intents and purposes as valid as the original.

Signature

Date

REQUIRED: FORM WILL NOT BE ACCEPTED WITHOUT AN ELECTRONIC OR PHYSICAL SIGNATURE. SEE BELOW FOR STEPS ON HOW TO ADD AN ELECTRONIC SIGNATURE.

To Enter an Electronic Signature in Adobe Reader:

- * Click on "View" > "Tools" > "Fill & Sign" > Open
- * Click Pen icon and "Sign" at the top/middle of page. Click "Add Signature"
- * Either 1) type your name and the program will convert it to a signature; 2) use your mouse and write your name; 3) import a saved electronic signature
- * Move mouse to the signature line and left click. Signature can be enlarged by clicking on the larger "A" icon.

Signature block can be moved by left clicking on the box and holding the mouse button down while moving the box.

DENIED APPROVED BY