

APPLICATION FOR NEIGHBORHOOD / CRIME WATCH

JOHNSTOWN POLICE DEPARTMENT

FULL NAME OF APPLICANT: _____

ADDRESS: _____

SOCIAL SECURITY NO.: _____ TELEPHONE NO: _____

DATE OF BIRTH: _____ DATE OF APPLICATION _____

PLACE OF EMPLOYMENT: _____

ADDRESS: _____

FULL NAME OF SPOUSE: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NO.: _____ PLACE OF EMPLOYMENT _____

EMPLOYMENT ADDRESS: _____

AUTHORITY TO CONDUCT IDENTIFICATION CHECK

Being a volunteer for the Johnstown Police Department Neighborhood/Crime Watch Program, I hereby authorize the Johnstown Police Department to make an identification check for the purpose of determining a prior offender record. If such a record exists, I release and indemnify the Johnstown Police Department for any harm which may arise as a result of the release or disclosure of such prior offender record. It is understood that such an identification check is being conducted for the sole purpose of protecting and preventing any harm to the citizens of our community.

I understand that, by law, I need not consent to the release of this information. However, I choose to do so willingly and voluntarily for the purpose specified above. I further understand that I may revoke this authorization for the release of information at any time, except to the extent that action has been taken in reliance on my consent.

Applicant's Signature: _____ DATE: _____

Spouse's Signature: _____ DATE: _____

This authorization is void upon the following date or event (Maximum of 60 days from the date above).

This form is designed to comply with the confidentiality regulations published in the Federal Register; Volune 40 – Number 127 of July 1, 1975