

**ALBANY POLICE DEPARTMENT
MIDTOWN NEIGHBORHOOD WATCH**

(Established - Fall, 2005)

VOLUNTEER – APPLICATION

PLEASE RETURN THIS APPLICATION to Officer Janet Zalatan of the Community Services Unit at the Center Station of the Albany Police Department located at 536 Western Avenue near the intersection of Western Avenue and Madison Avenue.

Please type or print neatly all information.

NAME: _____
(Last) (First) (Middle Initial)

NAME OF ORGANIZATION/COLLEGE THAT YOU ARE AFFILIATED WITH (if applicable): _____
(If college: ___ Student, ___ Faculty or ___ Staff Member)

SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE OF BIRTH* (month/date/year): _____
(* - NOTE: You **MUST** be at least 18 years old to volunteer.)

LOCAL PHONE NUMBER: _____ WORK PHONE NUMBER (if applicable): _____

QUAD/HALL/ROOM# AND/OR STREET ADDRESS** AND ZIP CODE: _____

(* - NOTE: You do **NOT** need to reside in the current patrol area as designated in the brochure that accompanies this application.)

LOCAL MAILING ADDRESS AND ZIP CODE (if different from street address): _____

(Quadrangle if applicable) (Mail Box Number if applicable)

PERMANENT PHONE NUMBER (and area code): _____

E-MAIL ADDRESS (if applicable): _____

(1) OPTIONAL REFERENCES: List names, mailing addresses, phone numbers and e-mail address (if applicable)

	<u>NAME</u>	<u>MAILING ADDRESS/ZIP CODE</u>	<u>PHONE</u>	<u>E-MAIL</u>
(A)	_____	_____	_____	_____
(B)	_____	_____	_____	_____

(2) PLEASE DESCRIBE WHY YOU ARE INTERESTED IN BEING A VOLUNTEER FOR THE MIDTOWN NEIGHBORHOOD WATCH PROGRAM: _____

(3A) HAVE YOU EVER BEEN ARRESTED FOR VIOLATING A LOCAL, STATE OR FEDERAL LAW?
Yes ___ No ___ If yes, explain: _____

(3B) HAVE YOU EVER BEEN CONVICTED OF VIOLATING A LOCAL, STATE OR FEDERAL LAW?
Yes ___ No ___ If yes, explain: _____

(4) I HEREBY GIVE PERMISSION TO THE ALBANY POLICE DEPARTMENT TO CONDUCT A BACKGROUND INVESTIGATION ON ME. I UNDERSTAND THAT ALL INFORMATION WILL BE KEPT CONFIDENTIAL AND WILL BE USED FOR DETERMINING THE SUITABILITY OF APPLICANTS FOR THE MIDTOWN NEIGHBORHOOD WATCH PROGRAM ONLY.

Signature: _____ Date (month/date/year): _____