



# Spirit Lake Police Department Neighborhood Watch Program

6159 W. Maine Street  
PO Box 1018  
Spirit Lake, ID 83869  
(208) 623-2701

## NEIGHBORHOOD WATCH CAPTAIN VOLUNTEER APPLICATION

As a Neighborhood Watch Captain/Co-Captain, you are considered to be a volunteer of the Spirit Lake Police Department's Neighborhood Watch program.

The duties of a Neighborhood Watch Captain/Co-Captain are as follows:

- Act as a liaison between the Police Department and your neighbors.
- Coordinate activities associated with your Neighborhood Watch group.
- Contact neighbors and explain the program.
- Prepare a map of addresses included in your Neighborhood Watch group.
- Create a contact information tree for the members of your group.
- Distribute newsletters and/or other informational materials.
- Schedule at least one meeting per year in your neighborhood.
- Attend Neighborhood Watch Captain training as available.

### Please Print

Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_

(For the purpose of conducting a required local background check.)

Have you ever been convicted of a felony? Yes  No

If yes, please explain \_\_\_\_\_

Are you a registered sex offender? Yes  No

Have you ever been convicted of a crime of moral turpitude? Yes  No

## WAIVER AND RELEASE OF CLAIMS/LIABILITY AND INDEMNITY AGREEMENT

I, \_\_\_\_\_, understand and agree that I am not an employee of the Spirit Lake Police Department and will not represent myself as such. I fully understand that a local background check will be conducted by the Police Department and that as a Neighborhood Watch Captain/Co-Captain, I will conduct myself in such a way that is conducive to the overall philosophy of the Neighborhood Watch program.

I do hereby release and discharge Spirit Lake Police Department and the City of Spirit Lake, and their officers, agents, and employees from all claims, demands, and causes of action of every kind whatsoever for any damages and/or injuries that may result from my participation in the Neighborhood Watch program.

I further acknowledge that I have read this form completely and understand the responsibilities, the hazards and the privilege of participation in the Neighborhood Watch program. My participation in this program is voluntary, and I agree to accept the risks connected with this activity, and further agree on behalf of myself, my heirs and assigns to hold harmless the Spirit Lake Police Department and its employees from liability for damages, including injury or death resulting from participation in this program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Investigator Use Only: Spillman \_\_\_\_\_ DQ \_\_\_\_\_ QH \_\_\_\_\_

Cleared: [ Y ] [ N ]

Investigator: \_\_\_\_\_

Date: \_\_\_\_\_