

**EPPERLY HEIGHTS**  
**NEIGHBORHOOD WATCH ASSOCIATION**  
**PATROL APPLICATION**



I, \_\_\_\_\_ (please print) understand the basic fundamentals of the patrol and will abide by all rules and procedures as identified by the Epperly Heights Neighborhood Watch Association (EHNWA).

I understand that by signing this form I am authorizing the Del City Police Department (DCPD) to run a background check on me. Upon approval from the EHNWA Officers and DCPD, I will receive a copy of the EHNWA Patrol Handbook. I understand the EHNWA Officers and the DCPD reserves the right to rescind the approval to Patrol.

While performing volunteer duties for EHNWA, I agree to:

- a. maintain motor vehicle insurance
- b. consent to a background check
- c. wear EHNWA identification
- d. return any and all EHNWA equipment and identification to the Patrol Captain when no longer required for EHNWA patrol duties.

I understand that EHNWA, or members thereof, will not be liable for any damage to personal or vehicle property or personal injury incurred by me or any passengers I allow to ride with me while performing volunteer duties. There will be no reimbursement by EHNWA for personal time or any type of motor vehicle expense.

The following information is required for certification.

Drivers License # \_\_\_\_\_ Exp. Date \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

E-Mail \_\_\_\_\_ Cell Ph # \_\_\_\_\_

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

\*\*\*\*\*  
Individual meets the requirement of the EHNWA bylaws, and is recommended to the DCPD for approval to patrol.

**D.C.P.D. Use Only**

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

N.C.I.C. \_\_\_\_\_

O.S.B.I. \_\_\_\_\_

I.I.I. \_\_\_\_\_

Accepted: \_\_\_\_\_ Rejected: \_\_\_\_\_

**EHNWA Use Only**

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

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

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

Notes: \_\_\_\_\_

\_\_\_\_\_

EHNWA #: \_\_\_\_\_