

APPLICATION FOR THE BLOCK CAPTAIN POSITION

Authority to conduct a background investigation:

As a volunteer applicant for the Block Captain position within the Neighborhood Watch Program, I hereby authorize the Rochester Police Department to conduct a background investigation to determine my qualifications to participate in this program. I understand that such a background investigation is being done solely for the purpose of protecting and hereby reducing the chance of any harm falling upon members of this community who may require the service an/or assistance of a Block Captain. I understand that all information is to remain confidential as required by Minnesota and Federal Law.

I understand that all available police and criminal records on me will be checked and this information will be used to determine the eligibility of my application as a Block Captain,

Last Name:

First Name:

Full Middle Name:

Address:

City of Rochester:

State:

Zip Code:

Telephone:

E-mail Address:

How long have you lived at the above address?

If less than three years in Minnesota, Previous Address:

Date of Birth:

Month:

Day:

Year:

Driver's License Number:

State

Expiration Date:

Signature

Today's Date:

**Please Return by Postal Mail to: Crime Prevention Unit
Rochester Police Department
101 SE 4 Street
Rochester, MN 55904-3761**