

Van Zandt County Sheriff's Office

Precinct Watch Program

SECTOR MEMBER APPLICATION

(PART ONE)

The Van Zandt County Precinct Crime Watch program is made up of volunteers who are interested in providing crime prevention and detection support for county law enforcement by being the eyes and ears for their county precinct and sector. With the cooperation of a whole network of volunteers serving in this capacity Van Zandt County becomes a safer place to live and work. By completing this application you are demonstrating your willingness to do your civic duty by volunteering to serve in this capacity. In addition you are giving your permission for the Van Zandt County Sheriff's Office to complete a criminal history background check to ensure you are qualified to participate. To be a sector member you must be at least twenty-one years of age. Please understand that you may not be accepted as a crime watch member if it is determined that your age or criminal history disqualifies you. Histories will be evaluated on a case-by-case basis by the Sheriff's Office alone. Upon being accepted as a sector watch member you will be provided with additional training and information and a set of Precinct Watch Rules and Regulations.

PLEASE PRINT

LAST NAME	FIRST NAME	MIDDLE NAME	TODAY'S DATE
STREET ADDRESS		HOME PHONE NO.	CELL PHONE NO.
CITY, STATE, AND ZIP		EMAIL ADDRESS	PRECINCT/SECTOR

I confirm that I am at least twenty-one years of age and I hereby authorize the Van Zandt County Sheriff's Office to access all the necessary criminal history databases to determine my eligibility to become a Sector Watch Member within the Van Zandt County Precinct Watch Program. On the second page of this application I willingly and voluntarily am furnishing my driver's license number and date of birth with the understanding that it is not required by any law or regulation, and I further understand that this information will be used for Sheriff's Office purposes only and will not be shared with anyone.

I understand that upon approval my PWP membership can be immediately revoked by the Sheriff, following charges for any criminal activity warranting removal from the program. This action supersedes that of any PWP action.

Applicant's Printed Name

Witness' Printed Name

Applicant's Signature

Witness' Signature

Sponsor _____

The following boxes are to be completed by the reviewing officer only.

NAME OF REVIEWING OFFICER	DATE REVIEW COMPLETED	APPROVED OR DISAPPROVED
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Reviewing Officer – Once completed please return this first page of the application to the PWP Representative.

Precinct Watch Program

SECTOR MEMBER APPLICATION

(PART TWO)

Criminal Background Check Form

The following information is needed to run a criminal background check on the Precinct Watch Program Applicant. Once the background check has been completed it will be reviewed by a sworn member of the Sheriff's Office. That information will either be filed away in a secure location or will be destroyed. Your privacy will be fully protected under the existing privacy laws and none of your information will be used for purposes other than outlined on this form. If you are unsure about how some of the information retrieved in the background check will be analyzed or what weight it may carry in the decision to approve your participation, you may comment regarding your criminal history in the space provided below.

No one, (including the applicant), other than the administrative processor and the sworn person authorized to review this information will be allowed to access or view a copy of this form once it has been submitted.

PLEASE PRINT

APPLICANT'S LAST NAME	FIRST NAME	MIDDLE NAME	TODAY'S DATE
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DRIVERS LICENSE NUMBER	DATE OF BIRTH	CHL (YES OR NO)	IF YES ON CHL EXPIRATION DATE	LAW ENF. EXP. (YES OR NO)	MILITARY EXP. (YES OR NO)
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PLEASE PLACE ANY COMMENTS YOU HAVE ABOUT YOUR CRIMINAL HISTORY HERE:

To be completed by administrative person running the background check. (attach the history printout to this form)

NAME	FORM RECEIVED FROM:	DATE RECEIVED	FORM RETURNED TO:
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To be completed by the Reviewing Officer only. (Please complete the bottom of first page as well)

NAME	DATE REVIEW SUBMITTED	DATE REVIEW COMPLETED	APPROVED OR DISAPPROVED
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Reviewing Officer – please separate this page from page 1 and file this page in criminal history files.