WINDCREST POLICE DEPARTMENT
CITIZENS' PATROL MEMBERSHIP APPLICATION

PERSONAL HISTORY

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET ADDRESS APARTMENT/UNIT NUMBER

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

ALTERNATE PHONE: _____ DATE OF BIRTH: _____ SEX: _____

EMAIL ADDRESS: _____ MARITAL STATUS: _____

EMERGENCY CONTACT: _____ PHONE: _____
LAST FIRST

EMERGENCY CONTACT ADDRESS: _____

DRIVER LICENSE NUMBER: _____ STATE: _____ EXPIRES: _____

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME? (CIRCLE ONE) YES NO

IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN CONSIDERED OR NAMED A SUSPECT IN A CRIMINAL INVESTIGATION OR CRIMINAL OFFENSE? (CIRCLE ONE) YES NO

IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN A PARTY TO A CIVIL SUIT OR ACTION? (CIRCLE ONE) YES NO

IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN INVOLVED IN ANY INCIDENT (DO NOT INCLUDE VEHICULAR ACCIDENTS) IN WHICH A POLICE REPORT WAS MADE OR LAW ENFORCEMENT WAS CALLED? (CIRCLE ONE) YES NO

IF YES, EXPLAIN: _____

DO YOU POSSESS A TEXAS LICENSE TO CARRY A HANDGUN? (CIRCLE ONE) YES NO

IF YES, LICENSE NUMBER: _____ EXPIRES: _____

(POSSESSION OF WEAPONS IN A CITY VEHICLE IS PROHIBITED)

ACCIDENTS AND CITATIONS INFORMATION
(USE ADDITONAL SHEETS AS NECESSARY)

LIST ALL MOTOR VEHICLE ACCIDENTS YOU HAVE BEEN INVOLVED IN DURING THE LAST 10 YEARS

DATE: _____ TIME: _____ LOCATION: _____

POLICE REPORT: (CIRCLE ONE) YES NO INJURIES: (CIRCLE ONE) YES NO

CAUSE OF ACCIDENT (E.G., RAN RED LIGHT, FAILED TO CONTROL SPEED): _____

_____

DATE: _____ TIME: _____ LOCATION: _____

POLICE REPORT: (CIRCLE ONE) YES NO INJURIES: (CIRCLE ONE) YES NO

CAUSE OF ACCIDENT (E.G., RAN RED LIGHT, FAILED TO CONTROL SPEED): _____

_____

DATE: _____ TIME: _____ LOCATION: _____

POLICE REPORT: (CIRCLE ONE) YES NO INJURIES: (CIRCLE ONE) YES NO

CAUSE OF ACCIDENT (E.G., RAN RED LIGHT, FAILED TO CONTROL SPEED): _____

_____

LIST ALL TRAFFIC CITATIONS RECEIVED WITHIN THE LAST 10 YEARS, EXCLUDING PARKING TICKETS

MONTH/YEAR: _____ VIOLATION: _____

CITY/STATE OF VIOLATION: _____

DISPOSITION (E.G., DEFENSIVE DRIVING, DISMISSED): _____

MONTH/YEAR: _____ VIOLATION: _____

CITY/STATE OF VIOLATION: _____

DISPOSITION (E.G., DEFENSIVE DRIVING, DISMISSED): _____

MONTH/YEAR: _____ VIOLATION: _____

CITY/STATE OF VIOLATION: _____

DISPOSITION (E.G., DEFENSIVE DRIVING, DISMISSED): _____

I UNDERSTAND THAT I MUST RESIDE IN THE CITY OF WINDCREST TO BE ELIGIBLE FOR MEMBERSHIP IN THE WINDCREST POLICE DEPARTMENT CITIZENS' PATROL PROGRAM.

I HEREBY GRANT PERMISSION FOR THE WINDCREST POLICE DEPARTMENT TO CONDUCT A NCIC/TCIC CHECK (NATIONAL CRIME INFORMATION CENTER/TEXAS CRIME INFORMATION CENTER). I AM ALSO AWARE THAT DELIBERATELY OMITTING OR FALSIFYING THIS APPLICATION WILL BE GROUNDS FOR DISQUALIFICATION AND/OR DISMISSAL FROM THIS PROGRAM. IF ACCEPTED INTO THE PROGRAM, I ALSO AGREE TO MAINTAIN CONFIDENTIALITY OF ANY INFORMATION INVOLVING ANY ONGOING CRIMINAL INVESTIGATION, POLICE OPERATIONS, ARREST WARRANTS OR CRIMINAL INDICTMENTS WHILE VOLUNTEERING FOR THE CITIZENS' PATROL PROGRAM. IN ADDITION, IF I SHOULD BE INVOLVED IN AN ACCIDENT WHILE OPERATING A CITIZENS' PATROL VEHICLE, I GIVE CONSENT TO A POST ACCIDENT URINE TEST.

SIGNATURE: _____ DATE: _____

FOR POLICE DEPARTMENT USE ONLY

NCIC/TCIC CHECK: _____ DRIVER LICENSE CHECK: _____ TLO: _____

BY: _____ BADGE: _____ DATE: _____

APPROVED: YES NO

_____ _____ _____ _____

APPROVING AUTHORITY NAME BADGE SIGNATURE DATE

IF NOT APPROVED, EXPLAIN: _____