



NEIGHBORHOOD WATCH of SPOKANE COUNTY ~Organizer Application~

For Office Use Only

TODAY'S DATE: _____

NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE _____ WORK or CELL PHONE _____

E-MAIL ADDRESS _____ (required for communication)

SCOPE STATION NEAREST YOU (if you know which one) _____

NUMBER OF POTENTIAL HOMES IN YOUR NEIGHBORHOOD WATCH: _____

IF YOU ARE TAKING OVER FOR SOMEONE, WHAT IS THEIR NAME _____

Please fill out this form and mail to:
Neighborhood Watch Coordinator
12710 E Sprague Avenue
Spokane, WA 99216
Or Fax to: 509-893-3906

Authorization to Release Information / Background Check

I hereby authorize S.C.O.P.E. (Sheriff Community Oriented Policing Effort) to check my Washington State criminal history through Washington State Patrol's WATCH access. I understand that the information contained on this site is available to the public and this check is permitted under RCW 10.97.050. The purpose of accessing such information is solely to determine my qualifications as a Neighborhood Watch Organizer. It will not be shared or used for any other purpose.

I hereby release you, the S.C.O.P.E. organization and the Spokane County Sheriff's Office from any liability or damage which may result from gathering this information.

Signature of Applicant

Date

Please print legibly

Last Name _____ First Name _____ Middle Initial: _____

Date of Birth _____ Male/Female _____ Last four digits of your Social Security Number: _____

For office use only: Washington State WATCH _____ Approved: Yes () No () By (initials): _____