EL SEGUNDO
NEIGHBORHOOD WATCH PROGRAM BLOCK CAPTAIN APPLICATION

FIRST NAME	MIDDLE NAME	LAST NAME

DRIVER'S LICENSE NUMBER	GENDER	DATE OF BIRTH

NICKNAMES OR ALIASES	EMAIL

MAILING ADDRESS	CITY	STATE	ZIPCODE

PHONE NUMBER	ALTERNATE PHONE

I CONSENT TO A PERSONAL RECORDS CHECK TO DETERMINE ELIGIBILITY FOR THE POSITION OF BLOCK CAPTAIN IN THE EL SEGUNDO NEIGHBORHOOD WATCH PROGRAM. I UNDERSTAND THAT THE EL SEGUNDO POLICE DEPARTMENT WILL NOT SHARE MY BACKGROUND RESULTS WITH ANY OTHER PERSON/ENTITY.

Applicant's Signature

Date

E-mail or Postal Mail to:
Neighborhood Watch Program
Attn: Dominique Alvarez
348 Main Street, El Segundo, Ca. 90245
E-mail: dalvarez@elsegundo.org