



CINCINNATI POLICE DEPARTMENT

CHILD ABDUCTION RESPONSE TEAM APPLICATION FORM

PLEASE PRINT OR TYPE CLEARLY

APPLICATION MUST BE FULLY COMPLETED TO PARTICIPATE IN PROGRAM

NAME*[FIRST, MI, LAST]:		
CURRENT STREET ADDRESS*:	STATE:	ZIP CODE:
PREVIOUS STREET ADDRESS*:	STATE:	ZIP CODE:
HOME PHONE*:	CELL PHONE / PAGER:	WORK PHONE:
DRIVERS LICENCE #:	STATE ISSUED:	DATE OF EXPIRATION:
EMAIL ADDRESS:	CART	

Application cannot be processed without this information

I understand that as a requirement for membership in the Cincinnati Police Department's Citizens Volunteer Programs, I must truthfully complete and submit this application form.

As part of the application process, I understand that I will also be required to complete and submit a Cincinnati Police Department Personal Information Release (Form 580), which authorizes the release of any traffic and/or criminal convictions contained in my police record.

Failure to complete either will result in my removal as a candidate for the Citizens Volunteer Programs.

X

Applicant's Signature

Date Signed

Thank you for the interest you have taken toward making your community a safer place to live and work. Applicants must complete all parts of this form and return it to the Volunteer Programs Coordinator in order to be considered for the program.



FORM 580 ■ EFC
Revised 1/85

**CINCINNATI POLICE DIVISION
PERSONAL INFORMATION RELEASE FORM**

PLEASE PRINT ALL INFORMATION (EXCEPT YOUR SIGNATURE):

FULL NAME: _____
(First) (Middle) (Last) (Maiden)

SEX: _____ M _____ F RACE: _____ SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

ADDRESS: _____

I hereby authorize the Cincinnati Police Department to release any information regarding my traffic or criminal convictions that are on file with the Cincinnati Police Records Unit. I hereby release the Cincinnati Police Division (the custodian of such records) and any other governmental agency, including their officer, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it. The authorization is void if not exercised within one (1) year from the date of signing. Should there be any question as to the validity of this release, you may contact me as indicated below:

(Signature)

(Date Signed)

(Signature of Parent/Guardian, if required)

(Date Signed)

Telephone Numbers: _____
(8:00 A.M. to 5:00 P.M.)

(Other Times)

RETURN THE FULLY COMPLETED APPLICATION
AND THE PERSONAL INFORMATION RELEASE (FORM 580) TO:

**CINCINNATI POLICE DEPARTMENT
CITIZENS ON PATROL PROGRAM COORDINATOR
COMMUNITY ORIENTED POLICING SECTION
310 EZZARD CHARLES DRIVE
CINCINNATI, OHIO 45214-2805**