



Escambia County Sheriff's Office

Chip W. Simmons, Sheriff

*Check one or more below

- | | |
|-----------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Neighborhood Watch Membership | <input type="checkbox"/> Neighborhood Watch Academy |
| <input type="checkbox"/> Citizens Law Enforcement Academy | <input type="checkbox"/> ECSO Volunteer Service |

Applicant Information

Full Name:

Last *First* *Middle* *Maiden/Alias*

Address:

Street Address *Apartment/Unit#*

City *State* *ZIP Code*

Phone:

Home *Cell*

Email

Social Security No: _____

Driver's License No: _____

DOB: _____ Ethnicity: _____ Gender: _____

If requesting Neighborhood Watch Membership, list neighborhood watch group:

The undersigned agrees to a background check utilizing the information voluntarily provided. Please return completed application to the ECSO by mail: Escambia County Sheriff's Office, 1700 W. Leonard Street, Pensacola, Florida 32501. Attention: Community Policing Unit or drop it off at the front desk of the ECSO at 1700 W. Leonard Street. For information call (850) 436-9281 or (850) 436-9735.

Signature: _____

Date: _____

Administrative Use Only

Background completed: _____

Fingerprint results received: _____

Interview completed: _____

Start Date: _____

Assignment: _____