#### 714 EAST BROADWAY, FORTVILLE, INDIANA 46040 CHIEF WILLIAM N. KNAUER

Dispatch: (317) 477-1144 Office: (317) 485-4044 Ext. 112 E-mail: (bknauer@fortvilleindiana.org)

**Police Department: (317) 485-7483** 

Fax: (317) 485-6351

### Fortville Police Department 2017 Shop with an Officer Application

Please read the following carefully and thoroughly;

Please fill out this application if you are interested in being considered for winter assistance from the Fortville Police Department. This for MUST be returned to the Fortville Police Department by November 24, 2017 at 4:00p.m.

This program is for CHILDREN ONLY, under the age of 18 that live in Vernon Township, Hancock County and or within the Fortville Town limits. We will buy necessities first, then the participant will be allowed to pick out luxury or 'wanted' items. (Toys, books, makeup, jewelry, CDs, movies, etc..)

\*Only 1 application per family (household) will be accepted.

To ensure that as many people as possible are assisted, please do not apply with Fortville Police Department if you have applied with another organization. We check will all local organizations to make sure this does not happen.

Please complete all of the information requested. Information is to be listed only for those family members residing in the home. All personal information will be kept confidential and will only be used to complete the application process.

We will do everything we can to provide assistance to all applicants, however, there is no guarantee that you will receive assistance. If your family was chosen to participate within the last 3 years, you will be placed on a waiting list and eligibility will depend on the number of new participants and amount of donations that we receive.

If you have any questions, please contact Detective Matt Fox at 317-485-4044. ALL COMPLETED PAPERWORK MUST BE RETURNED TO THE FORTVILLE POLICE DEPARTMENT BY NOVEMBER 24, 2017 AT 4:00 P.M. (There will be NO exceptions, due to scheduling a shopping date.) The shopping date is subject to change and participants will be notified as soon as possible.

\*This is intended for children and parents or guardians to spend time with our Officers and volunteers. It is fun for the children, as well as the adults. We do require at least 1 parent or guardian be present at the event.

I authorize the Fortville Police Department to use my family information on this application for consideration in the Shop with an Officer Program. I understand that if my family is selected the information will also be released to a contact person from that group.

Parent/Guardian	Date
Printed Name	

Return to: Fortville Police Department

Attn: Detective Matt Fox 714 E. Broadway Street Fortville, IN 46040 317-485-4044

# PLEASE READ THIS INFORMATION TO ENSURE IT IS COMPLETED PROPERLY!

Complete ALL information below, incomplete or improper applications will not be processed.

**HEAD OF HOUSEHOLD/ADULT CO (PERSON SEEKING OUR ASSISTAN	
Last Name	First Name
Address (include Apt. #)	State Zip
Phone Number (If changes after due	date, you must contact us)
# Of People in Household	# of children in Household
Marital Status: Married Single Do	mestic Partnership Widowed
Employment Status: Full Time Part T	ime Unemployed Student
Employer / School Attending	
**Reason for Family Need (Please be consider.) Listing-employment status of health issues present in home, if adults disabilities present in the home, public a family support, and other information the assistance.	adults in home, physical and mental in home are attending school, assistance benefits received, extended



**HOUSEHOLD MEMBER INFORMATION:** (List ALL persons residing in home)

1. Relationship to Head of Household/Adult Contact Person:

(Circle One) Spouse/Partner Child Parent
Aunt/Uncle Cousin Grandparent Niece/Nephew
No Relation
Last Name: First Name:
Date of Birth: Gender: MaleFemale
Employer/SchoolGrade:
If Person #1 is a Child, please list items needed, (clothing and shoes please provide sizes, <b>and be specific)</b> this information MUST be provided, our shoppers will use this as a guideline.
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## 2 Relationship to Head of Household/Adult Contact Person:

(Circle One) Spouse/Partner Child Parent
Aunt/Uncle Cousin Grandparent Niece/Nephew
No Relation
Last Name: First Name:
Date of Birth: Gender: MaleFemale
Employer/SchoolGrade:
If Person #1 is a Child, please list items needed, (clothing and shoes please provide sizes, <b>and be specific)</b> this information MUST be provided, our shoppers will use this as a guideline.

# **3.Relationship** to Head of Household/Adult Contact Person:

(Circle One) Spouse/Partner Child Parent
Aunt/Uncle Cousin Grandparent Niece/Nephew
No Relation
Last Name: First Name:
Date of Birth: Gender: MaleFemale
Employer/SchoolGrade:
If Person #1 is a Child, please list items needed, (clothing and shoes please provide sizes, <b>and be specific)</b> this information MUST be provided, our shoppers will use this as a guideline.

# **4.Relationship** to Head of Household/Adult Contact Person:

(Circle One) Spouse/Partner Child Parent
Aunt/Uncle Cousin Grandparent Niece/Nephew
No Relation
Last Name: First Name:
Date of Birth: Gender: MaleFemale
Employer/SchoolGrade:
If Person #1 is a Child, please list items needed, (clothing and shoes please provide sizes, <b>and be specific)</b> this information MUST be provided, our shoppers will use this as a guideline.

