



## NORCOM OBSERVER PROGRAM APPLICATION AND CONFIDENTIALITY AGREEMENT

(Please fill in all spaces)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Have you ever been arrested?  Yes  No

If "Yes", when and what was the charge? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you convicted?  Yes  No

Date you would like to observe: \_\_\_\_\_

Times you would like to observe: \_\_\_\_\_

Why would you like to participate in the program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Confidentiality Agreement

I, the undersigned, \_\_\_\_\_, do hereby consent to participate in the NORCOM Observer Program and to adhere to the criteria set forth on the first page of this application. Do to the sensitive and confidential nature of the information transmitted in public safety communications, I agree to not discuss, with anyone, information obtained during my observation time with NORCOM.

\_\_\_\_\_  
Applicant/Participant Signature

\_\_\_\_\_  
Parent's Signature (If under 18)

