

Canyon County Court Watch Application

Name_____

Date of Birth_____

Address_____

City_____ Zip_____

Home Phone_____

Message of cell phone_____

Please explain briefly why you are interested in volunteering for the Canyon County Court Watch Program.

Applicant Signature_____ Date_____

You may return this application to:
Caldwell Police Department
Attn: Sheila McGregor
110 S. 5th Ave
Caldwell, Id 83605