

## Rutherfordton Police Department



### 2024 Shop with a Cop Application

The Rutherfordton Police Dept. announces a new opportunity to work with families in our community, especially those with underprivileged children who may not have the same opportunities as others their age.

Shop with A Cop is one of the ways we strive to strengthen our community and reach out to families in true need. Our Department strives to make this a positive experience for the children. Children in need can purchase gifts for Christmas, including ones for themselves as well as other family members.

Applications will be accepted by the Rutherfordton Police Dept.

Deadline for Applications is **December 1st, 2024**

Family notifications will begin **December 5th, 2024**

Shop with A Cop will be held on **December 14th** Unless notified otherwise.

#### 2024 Criteria

- Child is between 3 and 18 years old (must still be in high school).
- A family who resides in the Town of Rutherfordton will be considered first, but everyone can apply.
- Child must be able to separate from families while shopping.
- Child must be present on the shopping day to apply.

A committee will make selections from the applications based on information received through applications. Families who have not participated before will be given priority, however all applications will be given serious consideration. Given the popularity of the program, we may have more applicants than openings. By completing and signing this application, you give the Rutherfordton Police Department the right to make inquiries to other organizations about assistance you are receiving.

**Your signature also gives the Rutherfordton Police Department permission to publish pictures taken during the event.**

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

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

Are you the legal parent or guardian of the nominated child Yes \_\_\_\_\_ No \_\_\_\_\_

If No does the parent know that you have nominated them& the criteria? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please fill out the application completely, all applications must be mailed or dropped off to the appropriate address below.**

CHILD INFORMATION: Name of Nominated Child: \_\_\_\_\_ Age: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Location of the Household: \_\_\_\_\_

**Other Children in the Household**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Name of Responsible Party: \_\_\_\_\_

Cellphone or best contact Number of Responsible Party \_\_\_\_\_

Relationship to Child: (check one)

Parent: \_\_\_\_\_ Foster Parent: \_\_\_\_\_ Guardian: \_\_\_\_\_ Other: \_\_\_\_\_

Referring Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Number of People Living at this Address: \_\_\_\_\_

Primary Reason this child or family is being referred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Information the committee needs to know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this child going to be involved with or nominated for any other program? \_\_\_\_\_ yes \_\_\_\_\_ no

If so, list the organizations: \_\_\_\_\_

**Return Applications to: Rutherfordton Police Department**

**Attn: Shop with a Cop**

**129 North Main St.**

**Rutherfordton NC 28139**