

Rutherfordton Police Department



2020 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 1, 2020**

Family notifications will begin **December 4, 2020**

Shop with A Cop will be held on December 15th Unless notified otherwise.

2020 Criteria

- Child is between 3 and 18 years old (must still be in high school).
- Family resides in the Town of Rutherfordton.
- 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 organization 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