Shop with an Officer Application

FOP John Kura Lodge #70/New Castle Police Department

Applying does not guarantee a family will receive assistance, we recommend families in need apply to more than one organization, and only accept Christmas assistance from one program. The information provided will be cross checked with other local organizations to ensure that more families in need are reached throughout the New Castle/Henry County area each holiday season.

Parent/Guardian(s):

Name(s): _____ DOB(s): _____

Address: _____

Phone #1: _____ Phone #2: _____

Relationship to child(ren): _____

Child(ren)'s Information:

First Name	Last Name	Age	Sex	School

Have you ever participated in Shop with an Officer? Yes No

(Shop with an Officer is not affiliated with Shop with a Sheriff, Shop with a Fireman, etc.)

If yes, what year(s)?

Have you applied or plan to apply to any other organization(s)? Yes No

If yes, what organization(s)?

Please, briefly tell us why your family has a need for assistance with this program.

Please, list your child(ren)'s clothes size(s), want(s), and need(s) for Christmas.

Please, be sure:

1. Child(ren) resides primarily with parent(s)/guardian(s) applying for assistance.

2. Application is filled out completely, clearly written, and information is accurate.

3. Your family resides within New Castle, IN.

4. Your family is willing to be photographed during this special event.

5. Able to attend the event on **Saturday, December 5, 2026 at 3:30pm.**

6. Completed application is turned in by ***4pm on Friday, November 13, 2026.***

7. Please, be patient. Kate or Amanda from Shop with an Officer will contact your family ASAP if your application is chosen for this year's shopping event before the event takes place with further information.

8. Please, **DO NOT** call the NCPD. If needed contact Shop with an Officer through our Facebook group page or email us at shopwithanofficer@gmail.com.

9. Mail, fax, or turn in completed application to:

New Castle Police Department

c/o Shop with an Officer

197 North 6th Street

New Castle, IN 47362

Fax: (765) 521-8133

Signature of Parent(s)/Guardian(s): _____ Date: _____