



Schenectady Neighborhood Watch

Application for Membership



Name: _____ Date of Application: _____

Primary Phone: _____ Secondary Phone: _____

Residential History for the past 5 years:

Address, City, State, and Zip Code:	How Long at Address?
(CURRENT) -	

Why would you like to join the Neighborhood Watch? _____

Related skills, training, and experience: _____

Date of birth: _____ **Have you ever been arrested?** ____yes or ____no

If yes, give date, location, and charge below; use back of page if necessary.

Note: Schenectady Neighborhood Watch is under the direction of the Schenectady Police Department. Membership is subject to approval of the Schenectady Police Department and may be revoked at any time.

Signature: _____ **Date:** ____ / ____ / ____

<p>Mail To: Lt. Brian Barnes Schenectady Police Community Services Unit 531 Liberty St. Schenectady, New York 12305 518-377-4137</p>	<p>Schenectady Neighborhood Watch President Fred Lee 706 Stanley Street Schenectady NY 12307 505-8912</p>
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