

Schenectady Neighborhood Watch

Application for Membership

Name: _____ Date of Application: _____

Address: _____ Schenectady, NY ZIP: _____

Home phone: _____ Work phone: _____ Cell: _____

Email: _____ Text message address: _____

Best time to reach you: _____ Notes: _____

Emergency contact name and phone: _____

Previous address (only if at current address for fewer than 5 years)

Employer: _____ Years employed: _____

Date of birth: _____ Have you ever been arrested? Yes No Date: _____

If yes, give date, location, charges and resolution below (use back if necessary):

Who referred you to Schenectady Neighborhood Watch? _____

In which Neighborhood Watch positions are you interested?

Window Watcher Patrol (foot or mobile) Patrol
Communications Specialist

Why are you interested in joining Neighborhood Watch? _____

Related skills, training and experience? _____

Which days and times are most convenient for you to assist with Neighborhood Watch?

Please list the following information regarding any and all vehicles you will use when taking part in Neighborhood Watch functions.

MAKE **MODEL** **COLOR** **YEAR** **LICENSE**
DOORS

The Schenectady Neighborhood Watch is affiliated with the Schenectady Police Department. Membership is subject to the approval of the Schenectady Neighborhood Watch organization and can be revoked at any time.

Signature: _____ **Date:** _____

MAIL TO: Fred Lee, President, SNW
706 Stanley Street
Schenectady, NY 12307
(518) 505-8912

NOTES (please use this space to provide extra information not provided on reverse)

PLEASE DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ONLY

REC'D: _____ **PD APPROVAL:** _____ **REJECTED?** _____

If rejected, reason: _____

Training completed? _____ **Position:** _____

Equipment assigned: _____ **Serial:** _____

SNW call sign: _____ **Applicant notified:** _____

NOTES: _____