# Parkersburg / Wood County Neighborhood Watch Co-Op

## Individual Application for Watch Group Membership

**WATCH GROUP:** Enter the name of the Watch Group for which you are applying, and have the Captain of that Group approve your application.If you wish to start a new Watch Group, attach an Application for Watch Group Charter.

Contact Information

| LAST NAME | FIRST (ACTUAL) | MIDDLE | NICKNAME OR PREFERRED NAME | RADIO CALL SIGN |
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| STREET ADDRESS | CITY | STATE | ZIP | EMAIL ADDRESS |
|---|---|---|---|---|
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| **PHONE NUMBERS** **CELL** PHONE | OK TO TEXT? ❑ YES ❑ NO | **HOME** PHONE | **WORK** PHONE | **OTHER** PHONE |
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I hereby apply for membership in the Parkersburg/Wood County Neighborhood Watch program. I understand that the following are the primary objectives of the program, and I agree that I will support these objectives.

1. Maintain a cooperative system of surveillance over one another's property, children, etc.
2. Reporting suspicious activity, suspicious persons, or crimes in progress accurately and immediately to the police.
3. Mutually assisting and encouraging the attainment of home security surveys, crime target hardening procedures, property marking activities, comprehensive crime prevention awareness, and the elimination of the opportunity for crime.
4. Making my own home as burglar-proof as reasonably possible.
5. Maintaining a continuing system for the dissemination of information and educational materials relative to self-protection and criminal awareness and adjust program emphasis in accordance with the most current information.
6. Encouraging neighbors to report crimes and come forward as witnesses of criminal activity.
6. Assisting and supporting victims of crime.
7. Helping elderly or debilitated citizens and children protect themselves from becoming crime victims. Advocating and pushing for additional projects to protect these special groups of persons whenever necessary.

*I fully understand that Neighborhood Watch members have no authority and are not to confront or become involved in any way with suspected criminals. Our responsibility is* ***ONLY*** *to observe and report.*

If I am applying for membership in an exising Watch Group, I have obtained the approval of the Group Captain whose signature appears below.

**CERTIFICATION:** I have read, understand, and agree to compy with the above-stated program objectives. I certify under penalty of purjury that I have never been convicted of any felony, nor have I ever been convicted of any crime involving theft, dishonesty, violence, or sexual misconduct, and I authorize the police department and/or sheriff's office to conduct a standard criminal background investigation to confirm this fact.

| APPLICANT SIGNATURE | DATE | WATCH CAPTAIN SIGNATURE | DATE |
|---|---|---|---|
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