Crime Watch Membership Application

	Contact Information		
Name		Birth Date	
Address			
Home Phone			
Work Phone			
Mobile Phone		Fax	
Main E-mail		Alt. E-mail	

	Volunteer Organizations and Experience				
Do you belong to any other volunteer organizations?			Y		N	If yes, list organizations:
Please tell us about your responsibilities there:					
Please tell us about your special skills/training:					
	Areas of Interest				

ADMINISTRATION		ACTIVITIES	
	President		Youth Programs
	1st Vice-President		Senior Programs
	2nd Vice-President		Neighborhood Projects
	Secretary		Town-Wide Projects
	Treasurer		National Events
	Assistant Treasurer		Town Events
	Board Member		Other - Specify
COMMUNICATIONS		LEADERSHIP ROLE	
	Advertising projects		District Leader
	Mailings		Block Captain
	Telephone Squads		
	Website Development & Maintenance		
	Data Entry / Computer Skills	Due to the nature of this organization it is necessary to ask if	
	Media Relations	you have ever been arrested for an offense other than a	
	Public Speaking	motor vehicle violation?	Yes / NO
	Public Relations		
	Project Coordinator	If yes, please list the incident details and year on the	
		reverse side of this form.	

X

Applicant Signature

Please submit your one-time membership donation of $5.00 to Jack Cratty at the Stratford Police Department, 900 Longbrook Avenue, Stratford, CT 06614. Checks should be made payable to **Crime Watch of Stratford, Inc.**

For Office Use Only

☐ Dues Received ☐ Membership Card Issued ☐ Booklet ☐ Decals