



NEIGHBORHOOD WATCH APPLICATION VILLAGE OF GENOA CITY



I. Purpose of Neighborhood Watch

A. Crime Prevention

1. Practice crime safety measures that eliminate opportunities for criminals.
2. Help others avoid becoming victims of crime.
3. Be willing to testify as a witness in court, if you have observed a crime.
4. Follow through to ensure that all violations be followed until the criminal process has been completed.

B. Encourage Citizen Involvement

1. Encourage others to join in crime prevention.
2. Aid others when they become victims to a crime.
3. Work for a better and safer neighborhood through protecting and honoring the rights of others.

II. Training Requirements

A. Make the Village of Genoa City Police Neighborhood Watch Liaison aware of your activities.

1. Seek Crime Prevention guidance and training through the Village of Genoa City Police Department.
2. Follow procedures as outlines in the Neighborhood Watch handbook.
3. Ensure that what you are doing is legal and does not violate the rights of others, the State & Federal laws, or conflict with any of the Village of Genoa City local ordinances.

B. Things not required of Neighborhood Watch Members

1. You are not required to provide First Aid to anyone.
2. You are not required to put yourself in a life-threatening situation. In such cases call emergency services at 9-1-1, immediately.
3. Do not take law into your own hands! Call 9-1-1.
4. There is no insurance coverage provided to the Neighborhood Watch Members. You are limited to your own individual insurance policies.

**FIREARMS AND WEAPONS ARE ABSOLUTLEY PROHIBITED
during any Neighborhood Watch Associated activities.**

NEIGHBORHOOD WATCH APPLICATION VILLAGE OF GENOA CITY

WATCH GROUP: VILLAGE OF GENOA CITY		DATE:	
APPLICANT – LAST NAME:	FIRST NAME:	MIDDLE NAME:	
OTHER KNOW NAMES:			DATE OF BIRTH:
SOCIAL SECURITY NUMBER:	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	DRIVERS LICENSE:
		#	STATE:
MAILING ADDRESS:		STREET ADDRESS:	
CITY:	STATE:	ZIP CODE:	
HOME PHONE:	CELL PHONE:	EMAIL:	

LIST ALL HOUSEHOLD MEMBERS AGE 12 AND OLDER:

FULL NAME (LAST, FIRST, MIDDLE):	DATE OF BIRTH:	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
FULL NAME (LAST, FIRST, MIDDLE):	DATE OF BIRTH:	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
FULL NAME (LAST, FIRST, MIDDLE):	DATE OF BIRTH:	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>

RELEASE AND AUTHORITY TO CONDUCT BACKGROUND INVESTIATION

As a volunteer applicant for the Genoa City Neighborhood Watch Program, I hereby authorize the Genoa City Police Department to conduct a background investigation to determine the qualifications of this applicant to participate in this program. All information is to remain confidential as required by Wisconsin State and Federal Laws.

Applicants Signature

Date

Neighborhood Watch Coordinator Signature

Date

Group Liaison Signature

Date

Return to the Neighborhood Watch Group Coordinator or Village of Genoa City Police Department.

Phone: (262) 279-6252

Village of Genoa City Police
Department
715 Walworth St.
Genoa City, WI 53128
www.genoacitypolice.org

Fax: (262) 279-3289