



Neighborhood Watch Groups of Syracuse

New Group Application

Please answer the following questions to complete the enrollment process.

➤ **Group's Information:**

Group's Name: _____

Meeting Location: _____

Meeting Address: _____

➤ **Meeting Information:**

Will your group meet (**Please check one**):

Every other month Quarterly Twice a year

As Needed (Directors will notify the NWGS office two weeks prior to their requested date).

Virtual NW meetings (For additional information on scheduling a virtual Neighborhood Watch meeting contact our office).

➤ **Day and Time Your Group Will Meet?**

Monday Tuesday Wednesday Thursday

Time your group will meet? _____ PM

- *NW meetings are scheduled Monday through Thursday starting at 6:00 P.M.*
- *NW Program Coordinator / Crime Prevention Educator is not available on the 2nd & 3rd Tuesday of each month due to mandatory meetings.*

➤ **Director's Contact Information:**

Name: _____

Mailing Address: _____

Zip Code: _____ Phone: _____

Email Address: _____

~ Note: Contact Information will only be used by NWGS and not shared ~

Continued on Back →

➤ **Co-Director's Contact Information:**

Name: _____

Mailing Address: _____

Zip Code: _____ Phone: _____

Email Address: _____

➤ **Target Area:**

The "Target Area" refers to the streets / boundaries covered by a Neighborhood Watch Group.

	Street Name	Block Number(s)
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

Please return this completed application using one of the options below:

Option #1: US Mail:

Neighborhood Watch Groups of Syracuse

P.O. Box 3852

Syracuse, New York 13220

Attn: Tony Borelli, Program Coordinator / Crime Prevention Educator

Option #2: Scan and Email:

nwgs@syracuseneighborhoodwatch.org

In the subject line enter: "New Group Application"