



Community Watch (CW)

We look out for each other!

Date: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

e-mail: _____

Skills or like police, fire, or medical training you would like to share?

Interests: Please check all that apply

- | | | |
|---|--|--|
| <input type="checkbox"/> Annoying Phone Calls | <input type="checkbox"/> Drugs | <input type="checkbox"/> Personal Safety |
| <input type="checkbox"/> ATM Precautions | <input type="checkbox"/> Fire Prevention | <input type="checkbox"/> Property Engraving |
| <input type="checkbox"/> Auto Safety | <input type="checkbox"/> First Aid | <input type="checkbox"/> Recognizing Substance Abuse |
| <input type="checkbox"/> Bicycle Safety | <input type="checkbox"/> Gangs | <input type="checkbox"/> Safety Tips for Seniors |
| <input type="checkbox"/> Burglary Prevention | <input type="checkbox"/> Graffiti Protection | <input type="checkbox"/> Self Defense |
| <input type="checkbox"/> Car Jacking | <input type="checkbox"/> Holiday Precautions | <input type="checkbox"/> Vandalism Prevention |
| <input type="checkbox"/> Child Safety | <input type="checkbox"/> Home Security | |
| <input type="checkbox"/> Con Games | <input type="checkbox"/> Latchkey Kids | |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Observation Skills | |

Activities:

- Contribute articles or ideas for Harbour Headlines
- Disaster Preparedness or Emergency Planning
- Meetings Frequency: Quarterly: _____ Yearly: _____ As Required: _____
- Organizing Meetings and Events
- Patrolling - Frequency Weekly: _____ Monthly: _____ Periodic: _____
 - Bicycle
 - Car
 - Walking
 - Other _____
- Providing training
- Research of available Community Watch support and materials
- Volunteering at other Community Watch events like 'Community Day' or 'Reclaim the night'
- Youth Involvement Programs
- Others: _____

Comments: _____

Submit to the Club House Office – Attention: Community Watch Chairman, Thank you