



Neighborhood Watch Groups of Syracuse
“Crime Prevention through Education”
New Group Application

Please answer the following questions.

➤ **Group’s Information:**

Group’s Name: _____

Meeting Location: _____

Meeting Address: _____

➤ **Meeting Information - 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 meetings (For additional information about virtual meetings 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 5:00 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 Neighborhood Watch and is not shared

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➤ **Co-Director's Contact Information (If applicable):**

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"