

## Crime Watch Patrol

### *Citizens on patrol making their neighborhoods safer*

Are you looking for an opportunity to serve your community as a volunteer?

Would you like to have a direct and positive impact on the area where you and your family live?

Can you spare an hour or two per month for your family and your neighborhood?

Crime Watch Patrol might be the opportunity you are seeking. An offshoot of the Neighborhood Watch Program, and in partnership with the Richardson Police Department, Crime Watch Patrol trains and mobilizes residents to act as visible deterrents to neighborhood crime.

### *Here's the payoff---*

- Your neighborhood will see decrease in criminal activity
- You, your family, and your neighbors will feel safer
- Criminals will feel more at risk of detection in your neighborhood
- A safer neighborhood influences residents' quality of life
- You will make a direct contribution to the safety and security of your neighborhood



## *Richardson Police Department Crime Watch Patrol*



### *Here's how it works---*

- You are recruited by an existing Crime Watch Patrol member
- Submit the application on the reverse side
- You attend a training class provided by the Richardson Police Department
- Patrol on your schedule at your convenience
- Jacket, t-shirt, and magnetic signs are furnished
- Work in partnership with your Police Department

### *Need more information?*

**To find out more about  
Crime Watch Patrol,  
contact the  
Richardson Police Department's  
Crime Prevention Unit at  
(972) 744-4955**

# APPLICATION CRIME WATCH PATROL

NAME OF CRIME WATCH PATROL: \_\_\_\_\_

NAME: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_  
(Last, First, MI)

DATE OF BIRTH: \_\_\_\_\_ TEXAS DRIVERS LICENSE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: (for CWP use ONLY) \_\_\_\_\_

T-SHIRT SIZE: M L XL 2XL 3XL WINDBREAKER SIZE: M L XL 2XL 3XL

**IN CASE OF EMERGENCY, CONTACT:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

**REFERENCES:** (required and must not be family members)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

I UNDERSTAND AND GIVE MY FULL CONSENT TO THE RICHARDSON  
POLICE DEPARTMENT TO CONDUCT A CRIMINAL HISTORY CHECK.  
I FURTHER UNDERSTAND THAT MY CHARACTER REFERENCES MAY  
ALSO BE CHECKED. (THIS INFORMATION WILL BE KEPT CONFIDENTIAL  
AND IS NOT RELEASABLE TO THE PUBLIC.)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please return this completed application to:  
Richardson Police Department Crime Prevention Unit  
ATTN: Crime Watch Patrol  
Post Office Box 831078  
Richardson, TX 75083-1078

OFFICER ID# \_\_\_\_\_ APPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
Comments: \_\_\_\_\_