

### ***What is the Strathcona County Crime Watch Association?***

The Crime Watch Association is an open interactive relationship between the citizens and the police committed to improving the security and quality of living in our community .

The objective is to have as many citizens as possible aware of criminal or suspicious activity around us. The more well informed eyes and ears there are in the community, the less likely criminal activity will occur and, if it does occur the more likely it will be solved successfully.

In order to provide more frequent and timely fan-outs, we offer an electronic fan-out system. This enables us to reach all our Crime Watch members instantly and provide up-to-date detailed information when it happens.

We have developed a website to keep you up-to-date on what is happening within SCCWA. Our website can be accessed by visiting [www.strathconacrimewatch.ca](http://www.strathconacrimewatch.ca).

We will post up-to-date fan-outs on the website as another means of getting important information out to you. As always, our goal is for our members to be the "eyes and the ears" of the community, assisting the RCMP in making our community a safe and secure place to live by reporting suspicious activities. The emails can be sent to your home or work computer or even a mobile device like a Blackberry or iPhone. Crime Watch goes to great lengths to safeguard your personal information and does not provide it to any other organization.

### ***What type of communication will be received?***

The electronic fan-out will provide as much detail as possible about every incident that could affect you. If there was a break and enter theft, we would tell you all the possible details of the incident such as time, place, how it was committed and any suspect

vehicles or persons. If a vehicle was stolen overnight, we would provide you with a description and plate number of that vehicle so you could watch for it. If there is a door-to-door fraud occurring, we would advise you of the fictitious company name being used and/or the description of the persons doing the actual canvassing, etc.

### ***How much will it cost me?***

There is no charge to join. Your membership is transferrable anywhere within our Strathcona County Crime Watch Association boundaries.

### ***How often will I receive emails?***

We can not predict when incidents will occur but we are committed to getting the information out to you as soon as possible, so the fan-out will reflect recent occurrences. Should an emergency occur we would send an email to be received immediately.

***LET'S WORK TOGETHER TO PREVENT CRIME  
BY BEING THE EYES AND EARS OF THE  
COMMUNITY AND REPORTING IT TO THE RCMP.***

***REFER A FRIEND OR NEIGHBOUR TO JOIN,  
THEN WE CAN ALL HELP EACH OTHER!***

Contact our Executive Committee by emailing:  
[info@strathconacrimewatch.ca](mailto:info@strathconacrimewatch.ca)



## **Strathcona County Crime Watch Association**

911 Bison Way  
Sherwood Park, AB T8H 1S9

780.449.0185  
Fax 780.449.1265

**MEMBERSHIP  
APPLICATION FORM**

***Involving Our Community in  
Crime Prevention***

**[www.strathconacrimewatch.ca](http://www.strathconacrimewatch.ca)**

# Strathcona County Crime Watch Association

## Membership Application Form

Surname: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Given name: \_\_\_\_\_

Middle name: \_\_\_\_\_

DOB: M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Become a volunteer for special projects:

Yes \_\_\_\_\_ No \_\_\_\_\_

Participate in the Wise Owl Program:

Yes \_\_\_\_\_ No \_\_\_\_\_

### Spouse or Cohabitant Adult Information

Surname: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Given name: \_\_\_\_\_

Middle name: \_\_\_\_\_

DOB: M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_

### Other residents over the age of 12 years:

Surname: \_\_\_\_\_

Given name: \_\_\_\_\_

Middle name: \_\_\_\_\_

DOB: M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_

\_\_\_\_\_

Surname: \_\_\_\_\_

Given name: \_\_\_\_\_

Middle name: \_\_\_\_\_

DOB: M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_

\_\_\_\_\_

Surname: \_\_\_\_\_

Given name: \_\_\_\_\_

Middle name: \_\_\_\_\_

DOB: M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_



### DECLARATION

I hereby authorize the police force to make such investigation of their records or such other investigations as may be deemed appropriate and on the basis of such investigations to indicate the approval or disapproval of this application. Criminal records will not be released to any person. Final decision is with the RCMP.

\_\_\_\_\_  
Signature of Resident #1

\_\_\_\_\_  
Signature of Resident #2

Please return application to address on reverse side.

Office use only:

#### Police checks #1:

Wanted Y N  
PIRS Y N  
C.R. Y N  
Accepted Y N

#### Police checks #2:

Wanted Y N  
PIRS Y N  
C.R. Y N  
Accepted Y N

Processed by: \_\_\_\_\_ Zone # \_\_\_\_\_