



# NEIGHBORHOOD WATCH APPLICATION LANE COUNTY



## I. Purpose of Neighborhood Watch

### A. Crime Prevention

1. Practice crime safety measures that eliminate opportunities for criminals.
2. Help others avoid becoming victims of crime.
3. Responsibly participate with law enforcement in the apprehension of offenders through safe techniques.
4. Be willing to testify as a witness in court, if you have observed a crime.
5. Follow through to ensure that all violations be followed until the criminal process has been completed.

### B. Encourage Citizen Involvement

1. Encourage others to join in crime prevention.
2. Aid others when they become victims to a crime.
3. Work for a better and safer neighborhood through protecting and honoring the rights of others.

## II. Sheriff's Office Records and Training Requirements

### A. Make the Lane County Neighborhood Watch office aware of your activities:

1. Carry a Sheriff's Office Lane County Neighborhood Watch Identification Card during Neighborhood Watch activities.
2. Seek Crime Prevention guidance and training through the Sheriff's Office.
3. Follow patrol procedures as outlined in the Neighborhood Watch handbook under the section: Patrol.

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4. Ensure that what you are doing is legal and does not violate the rights of others, the State Federal laws, or conflict with any local law enforcement agencies.

**B. Things not required of Neighborhood Watch Members**

1. You are not required to provide First Aid to anyone.
2. You are not required to put yourself in a life-threatening situation. In such cases call emergency services at 911, immediately.
3. Do not take the law into your own hands. Call 911.
4. There is no insurance coverage provided to Neighborhood Watch Members. You are limited to your own individual insurance policies.

**FIREARMS AND WEAPONS ARE ABSOLUTELY PROHIBITED  
during any Neighborhood Watch associated activities.**

# NEIGHBORHOOD WATCH APPLICATION LANE COUNTY

Watch Group		Date
<b>Applicant Last Name</b>	First Name	Middle Name
Other names known by (first and last)		Date of Birth
Social Security Number	Male <input type="checkbox"/> Female <input type="checkbox"/>	Drivers License # State:
Mailing Address	Street Address	
City	State	Zip
Home Phone	Cell Phone / Pager	
Email Address		
<b>Co-Applicant Last Name</b>	First Name	Middle Name
Other names known by (first and last)		Date of Birth
Social Security Number	Male <input type="checkbox"/> Female <input type="checkbox"/>	Drivers License # State:

List all household members age 12 and older:

1. Full Name (Last, First, Middle)		Date of Birth
Social Security Number	Male <input type="checkbox"/> Female <input type="checkbox"/>	Drivers License # State:
2. Full Name (Last, First, Middle)		Date of Birth
Social Security Number	Male <input type="checkbox"/> Female <input type="checkbox"/>	Drivers License # State:
3. Full Name (Last, First, Middle)		Date of Birth
Social Security Number	Male <input type="checkbox"/> Female <input type="checkbox"/>	Drivers License # State:
4. Full Name (Last, First, Middle)		Date of Birth
Social Security Number	Male <input type="checkbox"/> Female <input type="checkbox"/>	Drivers License # State:

If more space is needed, please attach an additional sheet.

Phone: (541) 682-4178

Lane County Sheriff's Office  
125 E 8th Avenue  
Eugene, OR 97401

Fax: (541) 682-3309

Email: neighborhood.watch@co.lane.or.us

# NEIGHBORHOOD WATCH APPLICATION LANE COUNTY

Will you be a patrolling member? (Yes/No) If yes, please list vehicles used below:

List Vehicles to be used in NW patrol

Year	Make	Model	Color	Other

List Residences you have lived within the past 10 years

Dates	Address	City	State

## RELEASE AND AUTHORITY TO CONDUCT A BACKGROUND INVESTIGATION

**All household members age 18 years and over must sign this application.** A custodial parent of each child age 12-18 who resides in the household must sign this application. Oregon law requires such consent signature before a background can be researched. As a volunteer applicant for the Neighborhood Watch Program, I hereby authorize Oregon Law Enforcement Agencies to conduct a background investigation to determine the qualifications of this household to participate in this program. All information is to remain confidential as required by Oregon and Federal Statutes.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Household Member's Signature

\_\_\_\_\_  
Household Member's Signature

\_\_\_\_\_  
Household Member's Signature

\_\_\_\_\_  
Household Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Group Representative's Signature

\_\_\_\_\_  
Date

**Return to Neighborhood Watch group representative.  
Representative: photocopy first page of application and mail signed originals to  
the Lane County Sheriff's Office: 125 E. 8th Avenue - Eugene, OR 97401**