



YOUTH CRIME WATCH

Survey 2007-2008

SECTION A. CONTACT INFORMATION

Site Name _____
(School Name or Community Center Name)

Date Completed _____ (to be completed annually)

Site Sponsor _____

High School

Street Address _____

Middle School

City _____ State _____ Zip _____

Elementary School

County _____ School District _____

Community

Phone _____ Fax _____

Private School

Website _____

Charter/Alternative

E-mail _____

(follow YCWA e-mail address guidelines)

YCW President Name (First, Last)

Advisor Name _____
(First & Last)

YCW President E-mail

Position/Title _____ Other Staff
 Law Enforcement

School Principal Name

Advisor's Day Phone _____ ext. _____

(First & Last)

Office _____ Pager _____

School Principal E-mail

Mobile _____

School Principal Phone

Advisor's E-mail: _____

SECTION B. PARTICIPANT INFORMATION

Number of youth in Core Group _____
(The core group is the group of youth [6 minimum] that is in charge of running the program.)

Estimated Hours of YCW Participation per Month _____
(Add number of hours of all YCW youth. For Example, 5 youth x 2 hrs. = 10 hrs.)

Number of youth in Expanded Core Group _____
(The expanded core group is the rest of the members in the YCW program. The officers are not to be included in this count.)

Ethnicity of Participants *(This is the percentage of group makeup in your program. For example, 50% Hispanic, 25% Asian, and 25% African American).*

Total number of youth at site _____
(This is the estimated number of the population in your school or community served.)

_____ % African American

Total number of youth at site _____
(This is an estimate number of the population in your school or community center).

_____ % Asian

Gender

How often does your group meet? _____
(For example, once per month, twice per month, weekly.)

_____ % Caucasian

_____ % Female

_____ % Hispanic

_____ % Male

_____ % Indian

_____ % Other

SECTION C. PROGRAM INFORMATION

Date YCW Site Started _____

(This date should reflect when your YCW program was first implemented in your school or community).

Problems Addressed *(These problems are the ones that have been pinpointed by members and are to be addressed with the help of your program components. They also include problems that affect your school or community).*

- Violence/Fights Theft Vandalism Gangs Drugs Truancy Class Cutting
 Low Pride/Spirit Smoking Bullying Crime Other _____

Program Components *(These are the components that your site is presently implementing in order to address your school or community problems).*

- Action Projects Bus Safety Communication & Reporting System Conflict Resolution
 Crime & Drug and Violence Prevention Education Cross-Age Teaching Mediation Mentoring
 Youth Patrols [Number of youth in Youth Patrol _____].

Do you have organizational partners supporting your YCW program? Y N (If yes, who? _____
(e.g., other schools, law enforcement agencies, businesses, etc).)

SECTION D. LEVEL OF TRAINING

Has your site attended any of our events? Yes No If so, which one?

- Conference When? _____ How many from your school attended? _____
 Implementation Training When? _____ How many from your school attended? _____
 Leadership Retreat When? _____ How many from your school attended? _____

Congratulations!

After submitting your completed Census Survey you will be a registered Youth Crime Watch site. You will receive your Annual Site Certificate. Once registered, you will receive our newsletter and mailings from YCWA including information about trainings, retreats, conferences, and other events. To keep our database up to date, you will need to register each year during the fall. Thank you for your great effort to help us make our schools and communities safer! Remember...

*“We’re Watching
Because We Care!”*

Please Mail or Fax this Survey to our:
Technical Assistance Department
9200 S. Dadeland Blvd. Suite 417
Miami, FL 33156
Fax: 305-670-3805

You can also register on line!
www.ycwa.org

Each footnote refers to the Site Standard that is met by completing that particular line/item. Please direct specific questions to the YCWA Technical Assistance Department at tech-assistance@ycwa.org

FOR OFFICE USE ONLY

Received On _____
(Date)

Received By _____
(Name)

Verified On _____
(Date)

Verified By _____
(Name)