



COLLEGE CRIME WATCH

Census Survey

SECTION A. CONTACT INFORMATION

Institution Name _____
(College or University Name)

Street Address _____

City _____ State _____ Zip _____

County _____ Email _____

Phone _____ Fax _____

Group Website _____

Institution Website _____

Date Completed _____

Check One:

Private Institution

Public Institution

Check One:

Official Partnership with Institution

Student-Led Club Only

◆-----
Advisor/Sponsor Name _____
(First & Last)

Position/Title _____ Administration
 Public Safety

Advisor Day Phone _____ ext. _____

Office _____ Pager _____

Mobile _____

Advisor E-mail _____

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CCW President Name *(First & Last)*

CCW President E-mail _____

Supporting Administrator *(First & Last)*

Supporting Admin. Email _____

Supporting Admin. Phone _____

SECTION B. PARTICIPANT INFORMATION

Number of youth in Core Group _____
(The core group is the group of students [4-6] who are in charge of running the program. For example, the President, Vice-President, Secretary, etc.).

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

Total Number of Participating CCW Members _____
(This number should reflect the sum of core group members and the extended core group members. For example, if you have 4 in your core group and 15 in your extended core group, the total number of participating CCW members should be 19).

Total number of students at site _____
(This is an estimate number of the population in your college or university).

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

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

_____ % African American

_____ % Asian

_____ % Caucasian

_____ % Hispanic

_____ % Indian

_____ % Other

SECTION C. PROGRAM INFORMATION

Date CCW Site Started _____
(This date should reflect when your CCW program was first implemented in your institution).

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

- Violence/Assault Theft Vandalism Hate Crimes Drugs Residential Safety
 Sexual Assault/Rape Off-Campus Crime Alcohol Abuse Suicide Other _____

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

- Action Projects Campus Watch Escort Services and Campus Patrols Peer Mediation/Counseling
 Drug and Alcohol Abuse Prevention Education Lifesaving Hate Crime Prevention Crime Reporting
 Self-Defense Training

Do you have organizational partners supporting your CCW program? _____
(e.g., other schools, law enforcement agencies, businesses, etc).

SECTION D. LEVEL OF TRAINING

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

- Conference When? _____ How many? _____
 Conference Calls When? _____ How many? _____
 Implementation Training When? _____ How many? _____
 Leadership Retreat When? _____ How many? _____

Congratulations!

After submitting your completed Census Survey you will be a registered College Crime Watch site and you will receive your Annual Site Certificate. Once registered, you will receive our newsletter and mailings from YCWA with 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:
College Crime Watch
c/o Youth Crime Watch of America
DC-Office
1200 17th ST NW 4th Floor
Washington, DC 20036
Fax: (202) 466-4559
You can also register online!
www.collegecrimewatch.org

FOR OFFICE USE ONLY

Received On _____
(Date)

Received By _____
(Name)

Verified On _____
(Date)

Verified By _____
(Name)