

# McGruff House Program Participant Application

(Unless otherwise specified, all requests for information on this application apply to the primary applicant.)

**Please Print**

You can apply to become a McGruff House participant in three easy steps:

**1** Tell us about yourself and your household

**2** Review the guidelines

**3** Sign the application

**1 Tell us about yourself and your household**

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

(Street Number & Name)

(Apt. #)

From / To /

(City)

(State)

(Zip)

Fill out the table below including all adults and children who live in your household.

**Name:** Last, First, Middle      **Date of Birth**      **Sex (M/F)**      **Maiden Name**      **Social Security #**      **Driver's License #/State**

Name: Last, First, Middle	Date of Birth	Sex (M/F)	Maiden Name	Social Security #	Driver's License #/State

Attach additional sheets, if necessary.

What is your household telephone number: (     ) - \_\_\_\_\_

Please list any previous addresses for the past five years (if not the address shown above). If more than two, please attach an additional page with that information.

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

(Street Number & Name)

(Apt. #)

From / To /

(City)

(State)

(Zip)

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

(Street Number & Name)

(Apt. #)

From / To /

(City)

(State)

(Zip)

Are you a U.S. citizen? Yes \_\_\_ No \_\_\_ If no, residence/visa status \_\_\_\_\_

We strongly recommend that you have homeowner's or renter's liability insurance coverage for your residence. Do you have such a policy? Yes \_\_\_ No \_\_\_

Insurance company name:

Policy Number:

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Generally, a McGruff House Program is more effective when an adult is at home and active between 7:00 a.m. and 3:30 p.m., including one hour before school and one hour after school. However, this does not prohibit participation. Will you, or an adult member of your household, usually be available during these hours? Yes \_\_\_ No \_\_\_

Does your home have any obstacles that would prevent or make it difficult for a child to reach your front door? Yes \_\_\_ No \_\_\_

If yes, please describe:

Do any adults in your household have any medical conditions that may prevent them from answering the door and assisting the child? Yes \_\_\_ No \_\_\_

If yes, please describe:

An applicant for the McGruff House Program may be rejected if anyone in the household has, for example:

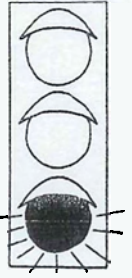
- Been convicted of a felony or a serious misdemeanor
- Violated narcotic drug laws
- Has two or more alcohol-related convictions
- Violated domestic or child abuse laws
- Been convicted of any charge involving an offense committed against the welfare of a juvenile
- Conviction involving moral turpitude (being depraved or base)
- A record of law enforcement responses to the home
- A history of aberrant (deviating from normal) behavior dangerous to self or others

Law enforcement agencies may, beyond these guidelines, use their own discretion in determining whether to accept, reject, or renew an application.

The National McGruff House Network is an equal opportunity employer. All employment decisions and decisions regarding participants are made without regard to race, color, creed, religion, national origin or ancestry, sex, age, veteran status, or disability.

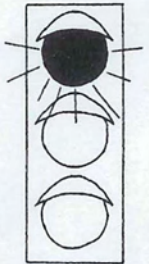
**A McGruff House Participant Does:**

- Telephone appropriate authorities for help.
- Reassure and assist children who are frightened or lost.
- Assist children who have medical emergencies by contacting appropriate professionals.
- Assist those who fear becoming victims of personal crime (e.g., theft, violent acts, child abuse, gang violence, bullied, or involved in drug abuse, etc.)
- Assist those who have been victimized by crime by calling appropriate authorities.
- Report crime and suspicious activities to law enforcement officials, providing vehicle and suspect descriptions when possible.
- Return the McGruff House sign to the local coordinator, the law enforcement agency, or NMHN if:
  - The McGruff House participant becomes ineligible to continue.
  - The local coordinator, law enforcement agency representative, or NMHN requests return of the sign.



**The McGruff House Participant Does Not:**

- Provide first aid or administer medications, except in extreme emergency situations and only if qualified.
- Act as a guard or escort service.
- Assume the role of neighborhood supervisor or posse.
- Enforce laws.
- Provide toilet facilities.
- Provide a place to "warm up" or "cool down."
- Provide food or beverages.
- Guarantee safety.



**Do Not Remove The McGruff House Poster When Your Home Is Not Occupied.**

**3** Sign the application

I have read and understand the above guidelines and hereby certify all information on this application is correct.

Principal Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Household members 18 years of age or older have read and understand the above guidelines. For anyone younger than 18 years old, a legal guardian must sign the application as well.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_