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Dayton, Minnesota 55327
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F: (763) 427-3708
<http://www.cityofdaytonmn.com>

Dear McGruff House Applicant:

Thank you for your interest in the McGruff House Program. Please complete the enclosed application and have each member of your household, who is 18 years or older, sign the statement giving permission for a confidential criminal history background check conducted by a law enforcement representative. This procedure provides an important measure of safety for the program. If you or a member of your household has a prior criminal history, you will not be accepted as a McGruff House participant.

After applications are screened, we will notify qualified applicants and schedule an orientation meeting.

Again, all information you provide will be treated as confidential and stored in a secure location. If you have any questions or need more forms, please contact Officer Dane McAlpine at 763-427-2017 ext 252.

Sincerely,

Officer Dane McAlpine
Dayton Police Department

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

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:

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

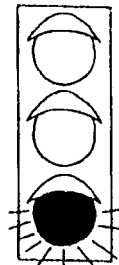
Law enforcement agencies may, beyond these guidelines, use their own discretion in determining whether to accept, reject, or renew an application.

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.

2 Review the guidelines

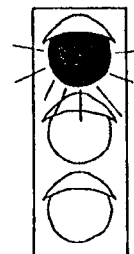
A McGruff House Participant Does:

- 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: _____

**McGRUFF HOUSE PROGRAM
PERMISSION FORM**

By this application to participate in the McGruff House Program, I/We understand and agree I/we will to the best of my/our ability to abide by its rules and regulations.

Permission is hereby granted for a law enforcement background check to be performed. The undersigned waive(s) all right of privacy regarding criminal history information, understanding that all McGruff House Program records are confidential. (Each adult listed must sign the application).

I acknowledge that there are no juveniles residing in this home who have been convicted of a felony or serious misdemeanor.

Applicant

Adult 2

Date

Date

Adult 3

Adult 4

Date

Date

Applicants are not automatically selected as McGruff House Participants. Participants must meet the basic requirements and must be cleared by law enforcement. Individuals with criminal histories will not be accepted into the program. If more applicants are approved than are needed for the program, a reserve or waiting list will be created for future resource.

FOR LAW ENFORCEMENT USE ONLY

The named individuals at the above household at _____ (address)
Has/have passed the records check for participation in the McGruff House Program.

Dayton Police Department

Date