



NEW YORK CITY POLICE DEPARTMENT
COMMUNITY AFFAIRS RESOURCE
AND EDUCATION SYSTEM (CARES)



NYPD CARES is an e-mail/fax notification system designed to keep individuals and organizations informed of important information and upcoming events regarding public safety, quality of life and police/community relations issues.

First Name _____ Last Name _____

Title _____

Organization Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

Email _____

1. Borough(s) where services are provided (check all that apply):
- Manhattan • Bronx • Brooklyn • Queens • Staten Island

2. Precinct(s) where services are provided (if known):

3. Are you a member of the clergy?: • Yes • No
If yes, please check the appropriate boxes below:

- NYPD Clergy Liaison Program Member • Not a NYPD Clergy Liaison Program Member

Faith (check only one):

- Baptist • Buddhist • Episcopalian • Greek Orthodox
- Hindu • Jewish • Lutheran • Methodist
- Muslim • Roman Catholic • Russian Orthodox • Other _____

4. Do you represent a religious coalition?: • Yes • No
If yes, please check the faith(s) that your coalition represents:

Faith(s)

- Baptist • Buddhist • Episcopalian • Greek Orthodox
- Hindu • Jewish • Lutheran • Methodist
- Muslim • Roman Catholic • Russian Orthodox • Multiple Faiths
- Other _____

5. Are you a Precinct Community Council Member?: • Yes • No
 If yes, are you an Executive Board member?: • Yes • No
6. Are you a member of a Civilian Observation Patrol?: • Yes • No
7. Are you a member of the Citizen Police Academy Alumni Association?:
 • Yes • No
8. Are you a member of a NYCHA Resident Association?: • Yes • No
9. Are you an elected official?: • Yes • No
 If yes, please check the appropriate box below:
- Borough President
 - City Council member
 - State Assemblyperson
 - State Senator
 - United States Congressperson
 - United States Senator
10. Are you a District Manager?: • Yes • No
11. Are you a Community Board member?: • Yes • No
12. Do you represent a business/business organization?: • Yes • No
 If yes, please check the appropriate box below:
- Business
 - Business organization
13. Do you represent a community-based organization?: • Yes • No
 If yes, please check the appropriate box(es) below:
- Mediation
 - Senior Citizens
 - Drug Prevention
 - Mental Health
 - Community Organizing
 - Parent Group
 - Youth
 - Lesbian, Gay, Bisexual and Transgender
 - Drug Treatment
 - Mental Retardation/Developmental Disability
 - Homeless Service Provider
 - Other _____
14. Are you a representative of an immigrant organization?: • Yes • No
 If yes, please specify what immigrant group(s) your organization represents/serves:
- _____
- _____
- _____
15. Are you a parent/guardian of a youth participating in programs sponsored by the Police Department?: • Yes • No

