



BLOCK WATCH



BLOCK WATCH TEAM APPLICATION

Please indicate which position you are applying for:

Captain **Co-Captain** (Specify Captain's Name: _____)

Please indicate dwelling type:

Single Family Residences (Houses) **Strata Condominiums** **Co-op** **Other** _____

OFFICE USE ONLY

Block #:	
Application Date:	
Purge Date:	

Applicant Information			
Complete Name (Surname, First Name, and Middle Name)	Office Use Only	____ Completed RCMP PIC	Date: (YY/MM/DD)
Home Address (Suite/House #/Street Name)	City	Postal Code	
E-mail Address (mandatory for at least one team member)	Contact Number	Home:	
		Cell:	

Conditions, Release, and Waiver: As an associate volunteer, I fully understand and agree to the following:

The RCMP will carry out a security screening to a level and degree required by my associate volunteer position and activities. I may be required to provide additional information to facilitate this security screening. **Police data base may be used to search your current residential address in order to check for any negative dealings with police.**

I will respect and be guided by the expectations found in the Values and Ethics Code for the Public Sector, the RCMP Organizational Values and Ethics Code, and Conflict of Interest. My participation in any and all RCMP associate volunteer programs and activities is at the discretion of the RCMP and the RCMP can terminate my participation at any time.

I, _____, give permission to the Royal Canadian Mounted Police to obtain all information necessary to qualify me as a participant of the Burnaby RCMP Block Watch Program. It is understood that the RCMP will have a final authority in the approval or rejection of the application. This decision will be final. I may request an explanation for the decision, but depending on the circumstances, the criteria and method of arriving at the decision may not be subject to disclosure (In compliance with the Access to Information Act).

I acknowledge that our Block Watch sign(s) remain the property of the City of Burnaby. If the block in our neighborhood becomes in-active and is no longer part of the Block Watch Program, our Block Watch signs will be removed.

All Information contained herein is kept confidential within the Crime Prevention Unit only. By signing this form, I acknowledge that I have read, understood and agree to the above conditions, release and waiver. I acknowledge I was given the opportunity to ask questions and received satisfactory answers to these questions.

Applicant Signature

Date: (YY/MM/DD)

X _____

(Two Sided – See Reverse Side)

Applicant’s Household Member Information

Please list all household members (don’t include applicant’s name):

If there are no residents in your household, other than you, please initial here: _____

1) Household Member Information
Complete Name (Surname, First Name, and Middle Name)
2) Household Member Information
Complete Name (Surname, First Name, and Middle Name)
3) Household Member Information
Complete Name (Surname, First Name, and Middle Name)
4) Household Member Information
Complete Name (Surname, First Name, and Middle Name)
5) Household Member Information
Complete Name (Surname, First Name, and Middle Name)
6) Household Member Information
Complete Name (Surname, First Name, and Middle Name)

Please submit this application to blockwatch@burnaby.ca

We will contact you regarding next steps.

How did you hear about the Block Watch Program?

- Community Police Office/RCMP
- Crime Prevention Unit
- Community Event
- Newspaper
- Website
- Social Media (please specify) _____
- Other _____