



# 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:	

**Program Conditions:** As a Block Watch program participant, I fully understand and agree to the following:

I, \_\_\_\_\_, give permission to City of Burnaby Crime Prevention Services to obtain all information necessary to qualify me as a participant for the City of Burnaby Block Watch Program. It is understood that the City of Burnaby Crime Prevention Services will have the final authority in the approval or rejection of my 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. I also understand that the Burnaby RCMP will conduct a police information check as required by the program position. I may be required to provide additional information to facilitate this process. The City of Burnaby Crime Prevention Services reserves the right to request from me a renewal of a police information check during program involvement, conditional to revised program guidelines or disclosure of information not in accordance with the code of conduct.

I acknowledge that I will abide by the Block Watch Captain and Co-Captain Code of Conduct. I also recognize that our Block Watch sign(s) remain the property of the City of Burnaby. If the neighborhood group becomes inactive 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 Services and in accordance with the Freedom of Information and Protection of Privacy Act. By signing this form, I acknowledge that I have read, understood, and agree to the above conditions. I acknowledge I was given the opportunity to ask questions and received satisfactory answers to these questions.

Applicant Signature

Date: (YY/MM/DD)

x \_\_\_\_\_

\_\_\_\_\_

### Application Form Submission Instructions:

- Preferred method: E-mail to [blockwatch@burnaby.ca](mailto:blockwatch@burnaby.ca)  
Or
- Mail to the Crime Prevention Services – Main Floor, 4949 Canada Way, Burnaby, BC V5G 1M2

### How did you hear about the Block Watch Program?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Community Police Office/RCMP | <input type="checkbox"/> Website         | <input type="checkbox"/> Crime Prevention Services |
| <input type="checkbox"/> Newspaper                    | <input type="checkbox"/> Community Event | <input type="checkbox"/> Other _____               |

*Personal information collected on this form is in accordance with s. 26(c) of the Freedom of Information and Protection of Privacy Act (RSBC 1996) for the administration of the Block Watch Program and Crime Prevention Initiatives in the City of Burnaby, and to provide information on Community Safety topics. Please be advised that your personal information will be managed and protected in accordance with this Act. For questions regarding the collection, use and disclosure of your personal information, please contact the Manager Crime Reduction and Intervention at [blockwatch@burnaby.ca](mailto:blockwatch@burnaby.ca) or by calling 604-294-7795 or in person at Community Safety - City Hall at 4949 Canada Way, Burnaby.*