



CRIME PREVENTION

BLOCK WATCH



Block Watch Program Application Form

TO BE COMPLETED BY ALL POTENTIAL BLOCK CAPTAINS AND CO-CAPTAINS

APPLICATION FOR POSITION AS:

- BLOCK CAPTAIN DATE: _____
- CO-CAPTAIN PROVIDE BLOCK CAPTAIN'S NAME: _____

Provide name of previous captain or co-captain if replacing them on an existing block: _____

SURNAME: _____ GIVEN NAME(S): _____
(Provide all names in full)

MAIDEN NAME: _____ DRIVER'S LICENCE NO.: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
Year/Month/Day

GENDER: Male Female EMAIL ADDRESS: _____

HOME ADDRESS: _____ CITY: _____ POSTAL CODE: _____

HOME PHONE NO.: _____ WORK/CELL PHONE NO.: _____

PREVIOUS ADDRESS: _____ OCCUPATION: _____
(If at your current address for less than five years)

NUMBER OF RESIDENTS IN THE HOME (including yourself): _____

PARTICULARS ON ALL OTHER HOUSEHOLD RESIDENTS OVER 18 YEARS OF AGE:

SURNAME	GIVEN NAME(S)	RELATIONSHIP	DATE OF BIRTH	DRIVER'S LICENCE NO.

Number of homes being organized: _____
If in a complex, provide name: _____

Please return this form to the Crime Prevention Liaison at the North Shore Community Policing Office

All applications must be accompanied by a legal photo identification (e.g.: BC Driver's Licence, ID, or passport)

Waiver of consent

I, the undersigned, hereby authorize the RCMP to inquire and determine whether or not I have ever been investigated, charged, or convicted of a criminal offence. I further authorize the RCMP to obtain a full and complete disclosure of all facts uncovered. I have provided the above information for such an inquiry and affirm that I am of good character. This original will be retained by the City of Kamloops Community Safety and Enforcement Division. City of Kamloops Community Safety and Enforcement Division reserves the right to revoke block watch status.

APPLICANT'S SIGNATURE: _____

THIS AREA FOR BLOCK WATCH USE ONLY

DATE RECEIVED: _____

APPROVED DATE: _____

COMMENTS: _____

PRESENTATION DATE: _____

CPIC	PIRS
CNI	PRIME