



Desired Position (please select one):	<input type="checkbox"/> Captain	<input type="checkbox"/> Co-Captain
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PLEASE READ INSTRUCTIONS ON REVERSE.

APPLICANT

Surname:		Given Name(s):		Maiden Name:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Occupation:		Driver's Licence #:		Birth Date (yy/mm/dd):		Birth Place:	
Current Address (include city and postal code):						Since (yy/mm):	
Previous Address (if you have been at your current address for less than 5 years):				From (yy/mm):		To (yy/mm):	
Home #:		Cell #:	Work #:	Email:			
POLICE USE ONLY:		CNI:		CPIC:		PRIME:	

SPOUSE/COMMON-LAW

Surname:		Given Name(s):		Maiden Name:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Occupation:		Driver's Licence #:		Birth Date (yy/mm/dd):		Birth Place:	
Previous Address (if different from Applicant):						From (yy/mm):	
						To (yy/mm):	
POLICE USE ONLY:		CNI:		CPIC:		PRIME:	

CO-RESIDENTS (≥ 12 yrs old)

1. Full Name:				Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Birth Date (yy/mm/dd):		Relation to Applicant:		Languages:	
POLICE USE ONLY:		CNI:		CPIC:	
PRIME:					
2. Full Name:				Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Birth Date (yy/mm/dd):		Relation to Applicant:		Languages:	
POLICE USE ONLY:		CNI:		CPIC:	
PRIME:					
3. Full Name:				Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Birth Date (yy/mm/dd):		Relation to Applicant:		Languages:	
POLICE USE ONLY:		CNI:		CPIC:	
PRIME:					

SIGNATURES

We the undersigned, authorize the Royal Canadian Mounted Police to enquire into our backgrounds in order to determine suitability. We understand that: The RCMP may rescreen this application at any time; the RCMP retains sole discretion to approve or reject this application; that we will have opportunity to discuss any information that results in this application being rejected; and, that in compliance with the *Freedom of Information and Protection of Privacy Act* and the *Privacy Act*, no information will be disclosed without the permission of the undersigned unless provided for otherwise.

Applicant Signature:	Date (yy/mm/dd):	Co-resident #2 Signature:	Date (yy/mm/dd):
Spouse Signature:	Date (yy/mm/dd):	Co-resident #3 Signature:	Date (yy/mm/dd):
Co-resident #1 Signature:	Date (yy/mm/dd):		

Richmond Block Watch Program Application Form Instructions

Thank you for your interest in the Richmond Block Watch program. Please read these instructions carefully before completing, signing & submitting the application form as incomplete applications will not be processed. You will be notified once the screening process is complete.

Instructions:

- All sections of this application form must be filled out in order for your application to be considered complete. If a section of either form does not apply to you, please fill out that section with “N/A”.
- Co-residents are any individuals 12 years old or over who live in the home of the applicant. This includes children, extended family, tenants, roommates, nannies/caregivers or friends. The applicant’s spouse/Common-Law must complete the “Spouse/Common-Law” section.
- If you require additional space to list previous addresses or additional co-residents, please fill out and attach additional pages as necessary.
- Completed applications can be submitted in the following methods:

Email	Fax	Mail/Drop off (ATTN: Block Watch office)
blockwatch@richmond.ca	604-207-4716	Richmond RCMP Detachment 11411 No. 5 Road Richmond, BC V7A 4E8

- You can also submit the completed application by dropping it off at the nearest Community Police Offices located in Richmond:

City Centre	Steveston	South Arm
140 – 5671 No. 3 Road Richmond, BC V6X 2C7	4371 Moncton Street Richmond, BC V7E 3A8	8880 Williams Road Richmond, BC V7A 1G6

If you have any questions regarding this application or the Richmond Block Watch program, please contact the Crime Prevention office by telephone at 604-207-4829 or email at blockwatch@richmond.ca.