



South Cowichan Community Policing Block Watch Application Form

Last Name: _____ First Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email: _____

Date of Birth: ____ / ____ / ____

Commitments	Yes	No
Are you willing to organize at least one meeting per year?		
Are you willing to do Fan-outs via telephone or email?		
Are you willing to create a Block Watch Map & Participant List?		
Are you willing to regularly communicate with the Block Watch Coordinator?		

I, _____, give my permission to the Shawnigan Lake RCMP to obtain any information necessary to qualify me as a volunteer with the Community Policing Program. It is understood that the Shawnigan Lake RCMP will have final authorization in the approval or rejection of the application and whose decision, or criteria or methods at arriving at a decision will not be questioned, or objected to by myself and that I will bear no grievance against the RCMP nor the CVRD in this respect. I affirm that the information which I have provided is true to the best of my skill and knowledge.

I understand that my participation in the program is at the discretion of the RCMP and any participation can be terminated by the RCMP at any time.

Applicant's Signature: _____ Date: _____

For Office Use Only:

Approved Signature: _____ Date: _____