



South Cowichan Community Policing Advisory Society

845B Deloume Rd
Mill Bay, BC V8H 1B1
(250) 929-7222

Block Watch Application

Last Name: _____ First Name: _____

Address: _____ City: _____

Postal Code: _____ Date of Birth (month/day/year): ____ / ____ / ____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email: _____

Volunteer position applying for (check one): Block Watch Lead Block Watch Co-lead

Commitments	Yes	No
Are you willing to organize at least one meeting per year?		
Are you willing to send/share fanouts via telephone or email?		
Are you willing to create a Block Watch map and 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, criteria, or methods at arriving at said 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 knowledge.

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

Applicant's Signature: _____ Date: _____

For Office Use Only:	
Approved Signature: _____	Date: _____