



South Cowichan
COMMUNITY POLICING
Advisory Society

845B Deloume Road
Mill Bay, BC V8H 1B1
Phone: (250) 929-7222
Email: sccp@shaw.ca

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 email or phone?		
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 detachment to obtain any information necessary to qualify me as a volunteer with the Block Watch program. It is understood that the South Cowichan Community Policing Advisory Society will have final authorization in the approval or rejection of the application. I affirm that the information 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 South Cowichan Community Policing Advisory Society and is contingent upon receiving a successful police clearance with the Shawnigan Lake RCMP detachment.

Applicant's Signature: _____ Date: _____

For Office Use Only:

Approved Signature: _____ Date: _____