




Port Alberni Detachment BLOCK WATCH CAPTAIN & CO-CAPTAIN APPLICATION & CONTACT FORM

Block Watch App 2017/01

<p>Thank you for your interest in crime prevention by participating in the Nanaimo RCMP Block Watch. We look forward to working with you to help make Nanaimo a safer community!</p> <p><u>Please follow these five steps to complete intake:</u></p> <ol style="list-style-type: none"> 1. Drop off your completed application to: Port Alberni RCMP Detachment, 4444 Morton st, Port Alberni, BC and/or contact Dave Cusson the Community Policing Manager for further information at 250-724-8962. All applicants must be 19 years of age or older. 2. Complete and submit a Police Information check at the front counter of the detachment. Please specify 3. The Block Watch program coordinator will contact the Captain to arrange for an initial Captain and Co-Captain training session. 4. Arrange to obtain Block Watch identification prior to going door to door for participants contact information. 5. Submit a map and participant list to program coordinator. 6. The program coordinator will then set up a group meeting with participants, Captains and Co-captains. 	<p>For Office Use:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center;">BW #</th> <th style="width: 50%; text-align: center;">START DATE:</th> </tr> <tr> <td colspan="2"> <p>1. Is your Block Watch group <input type="checkbox"/> NEW or <input type="checkbox"/> ALREADY ESTABLISHED?</p> <p>2. Are you applying to be <input type="checkbox"/> Captain or <input type="checkbox"/> Co-Captain</p> <p>3. If you are applying to be Co-Captain, who is the designated Captain? _____</p> <p>3. Have you completed a Police Information check? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. If this is an ESTABLISHED Block Watch group, tell us if you are:</p> <p><input type="checkbox"/> An additional Captain or Co-Captain, or</p> <p><input type="checkbox"/> Replacing a Captain or Co-Captain, and</p> <p style="margin-left: 20px;"><input type="checkbox"/> Name of current Captain: _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Effective date of replacement (if applicable) _____</p> <p>5. List the names of other identified Captains or Co-Captains on your Team (if known):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Name</th> <th style="width: 30%;">Role</th> </tr> </thead> <tbody> <tr> <td> </td> <td><input type="checkbox"/> Captain <input type="checkbox"/> Co-Captain</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Captain <input type="checkbox"/> Co-Captain</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Captain <input type="checkbox"/> Co-Captain</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Captain <input type="checkbox"/> Co-Captain</td> </tr> </tbody> </table> </td> </tr> </table>	BW #	START DATE:	<p>1. Is your Block Watch group <input type="checkbox"/> NEW or <input type="checkbox"/> ALREADY ESTABLISHED?</p> <p>2. Are you applying to be <input type="checkbox"/> Captain or <input type="checkbox"/> Co-Captain</p> <p>3. If you are applying to be Co-Captain, who is the designated Captain? _____</p> <p>3. Have you completed a Police Information check? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. If this is an ESTABLISHED Block Watch group, tell us if you are:</p> <p><input type="checkbox"/> An additional Captain or Co-Captain, or</p> <p><input type="checkbox"/> Replacing a Captain or Co-Captain, and</p> <p style="margin-left: 20px;"><input type="checkbox"/> Name of current Captain: _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Effective date of replacement (if applicable) _____</p> <p>5. List the names of other identified Captains or Co-Captains on your Team (if known):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Name</th> <th style="width: 30%;">Role</th> </tr> </thead> <tbody> <tr> <td> </td> <td><input type="checkbox"/> Captain <input type="checkbox"/> Co-Captain</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Captain <input type="checkbox"/> Co-Captain</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Captain <input type="checkbox"/> Co-Captain</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Captain <input type="checkbox"/> Co-Captain</td> </tr> </tbody> </table>		Name	Role		<input type="checkbox"/> Captain <input type="checkbox"/> Co-Captain		<input type="checkbox"/> Captain <input type="checkbox"/> Co-Captain		<input type="checkbox"/> Captain <input type="checkbox"/> Co-Captain		<input type="checkbox"/> Captain <input type="checkbox"/> Co-Captain
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Applicant Information			
Legal Last name	Legal first name	Legal middle name(s)	Preferred name
Home Address		Drivers Licence Number	Alternate ID if (you have no driver's license) Type: _____ Number: _____
Phone Numbers: Home		Best daytime phone number	Cell
Postal Code		E-mail Address	
What streets will be included in this Block Watch? (optional for Co-Captains, required for Captains)			

<p>Date Completed: _____</p> <p>Signature: _____</p> <div style="text-align: center; margin-top: 20px;">  <p>Block Watch</p> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">OFFICE USE ONLY</th> <th style="width: 15%;">DATE</th> <th style="width: 15%;">NAME / INITIALS</th> </tr> </thead> <tbody> <tr> <td>Date application received</td> <td> </td> <td> </td> </tr> <tr> <td>CAPTAIN/CO-CAPTAIN TRAINED</td> <td> </td> <td> </td> </tr> <tr> <td>LISTS & MAP RECEIVED</td> <td> </td> <td> </td> </tr> <tr> <td>GROUP TRAINING SESSION BOOKED & LOCATION</td> <td> </td> <td> </td> </tr> <tr> <td>CHEQUE RECEIVED & AMOUNT</td> <td> </td> <td> </td> </tr> <tr> <td>SIGNS INSTALLED</td> <td> </td> <td> </td> </tr> <tr> <td>BLOCK WATCH # ASSIGNED & CERTIFICATE ISSUED</td> <td> </td> <td> </td> </tr> </tbody> </table>	OFFICE USE ONLY	DATE	NAME / INITIALS	Date application received			CAPTAIN/CO-CAPTAIN TRAINED			LISTS & MAP RECEIVED			GROUP TRAINING SESSION BOOKED & LOCATION			CHEQUE RECEIVED & AMOUNT			SIGNS INSTALLED			BLOCK WATCH # ASSIGNED & CERTIFICATE ISSUED		
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