



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

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 must complete the “Spouse” section.
- If you require additional space to list previous addresses or additional co-residents, please fill out and attach additional pages as necessary.
- You can submit the completed application by either email, fax or in person to your nearest Community Police Station located in Richmond:

City Centre

140 – 5671 No. 3 Road
Richmond, BC V6X 2C7
Fax: 604-270-9372

Steveston

4371 Moncton Street
Richmond, BC V7E 3A8
Fax 604-713-2323

South Arm

8880 Williams Road
Richmond, BC V7A 1G6
Fax: 604-713-2300

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.