

## **Coquitlam RCMP Block Watch Program Application Form Instructions**

Thank you for your interest in the Coquitlam RCMP 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 does not need to enter information in the “Co-resident” section but must complete the “Spouse” section.
- If you require additional space to list previous addresses or additional co-residents, please fill out & attach additional pages as necessary.
- Completed & signed application forms must be submitted in person in order to allow staff to make a copy of the applicant’s government-issued photo ID to attach to the form.
- Applications can be submitted at the Block Watch program office, at the Coquitlam RCMP main detachment or at any one of Coquitlam RCMP’s Community Police Station locations in Coquitlam and Port Coquitlam:

<b>Mary Hill CPS</b>	<b>Ridgeway CPS</b>
2581 Mary Hill Rd.	1059 Ridgeway Ave.
Port Coquitlam	Coquitlam, BC
V3C 4X3	V3J 1S6

**If you have questions about this application or the Coquitlam RCMP Block Watch program please contact:**

**Heather McRitchie, Coordinator**  
Coquitlam RCMP Block Watch program  
2986 Guildford Way, Coquitlam, BC, V3B 7Y5  
Phone: 604.552.7382  
Email: [coquitlam\\_blockwatch@rcmp-grc.gc.ca](mailto:coquitlam_blockwatch@rcmp-grc.gc.ca)



Coquitlam RCMP  
**Block Watch Program**  
**Application Form**

Block Watch Group #: .....

Desired Position *(please select one)*

Captain  Co-Captain  Area Coordinator

**Please read instructions on reverse**

**APPLICANT**

Surname \_\_\_\_\_ Given Name(s) \_\_\_\_\_ Maiden Name \_\_\_\_\_ Gender F  M

Occupation \_\_\_\_\_ Driver's License # \_\_\_\_\_ Birth Date (yy/mm/dd) \_\_\_\_\_ Birth Place \_\_\_\_\_

Current Address *(include city & 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 F  M

Occupation \_\_\_\_\_ Driver's License # \_\_\_\_\_ Birth Date (yy/mm/dd) \_\_\_\_\_ Birth Place \_\_\_\_\_

Previous Address *(f different from Applicant)* \_\_\_\_\_ From (yy/mm) \_\_\_\_\_ To (yy/mm) \_\_\_\_\_

Police Use Only: CNI \_\_\_\_\_ CPIC \_\_\_\_\_ PRIME \_\_\_\_\_

**CO-RESIDENTS (≥12 yrs old)**

1. Full Name \_\_\_\_\_ Gender F  M

Birth Date (yy/mm/dd) \_\_\_\_\_ Relation to Applicant \_\_\_\_\_ Police Use Only: CNI \_\_\_\_\_ CPIC \_\_\_\_\_ PRIME \_\_\_\_\_

2. Full Name \_\_\_\_\_ Gender F  M

Birth Date (yy/mm/dd) \_\_\_\_\_ Relation to Applicant \_\_\_\_\_ Police Use Only: CNI \_\_\_\_\_ CPIC \_\_\_\_\_ PRIME \_\_\_\_\_

3. Full Name \_\_\_\_\_ Gender F  M

Birth Date (yy/mm/dd) \_\_\_\_\_ Relation to Applicant \_\_\_\_\_ Police Use Only: CNI \_\_\_\_\_ CPIC \_\_\_\_\_ PRIME \_\_\_\_\_

4. Full Name \_\_\_\_\_ Gender F  M

Birth Date (yy/mm/dd) \_\_\_\_\_ Relation to Applicant \_\_\_\_\_ 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 retains sole discretion to approve or reject this application;
- 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;
- **That the RCMP may rescreen this application at any time.**

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) \_\_\_\_\_ Co-resident #4 Signature \_\_\_\_\_ Date (yy/mm/dd) \_\_\_\_\_