



RCMP Nanaimo 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: Nanaimo Detachment, 303 Prideaux St, Nanaimo, BC and/or contact Cst. Gary O'Brien for further information at 250-754-2345. 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 which Block Watch on the check. 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;"> <thead> <tr style="background-color: #e1eef6;"> <th style="width: 50%;">BW #</th> <th style="width: 50%;">START DATE:</th> </tr> </thead> <tbody> <tr> <td colspan="2">1. Is your Block Watch group <input type="checkbox"/> NEW or <input type="checkbox"/> ALREADY ESTABLISHED?</td> </tr> <tr> <td colspan="2">2. Are you applying to be <input type="checkbox"/> Captain or <input type="checkbox"/> Co-Captain</td> </tr> <tr> <td colspan="2">3. If you are applying to be Co-Captain, who is the designated Captain? _____</td> </tr> <tr> <td colspan="2">3. Have you completed a Police Information check? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">4. If this is an ESTABLISHED Block Watch group, tell us if you are:</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> An additional Captain or Co-Captain, or</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Replacing a Captain or Co-Captain, and</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Name of current Captain: _____</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Effective date of replacement (if applicable) _____</td> </tr> <tr> <td colspan="2">5. List the names of other identified Captains or Co-Captains on your Team (if known):</td> </tr> <tr> <td style="text-align: center;">Name</td> <td style="text-align: center;">Role</td> </tr> <tr> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Captain <input type="checkbox"/> Co-Captain</td> </tr> <tr> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Captain <input type="checkbox"/> Co-Captain</td> </tr> <tr> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Captain <input type="checkbox"/> Co-Captain</td> </tr> <tr> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Captain <input type="checkbox"/> Co-Captain</td> </tr> </tbody> </table>	BW #	START DATE:	1. Is your Block Watch group <input type="checkbox"/> NEW or <input type="checkbox"/> ALREADY ESTABLISHED?		2. Are you applying to be <input type="checkbox"/> Captain or <input type="checkbox"/> Co-Captain		3. If you are applying to be Co-Captain, who is the designated Captain? _____		3. Have you completed a Police Information check? <input type="checkbox"/> Yes <input type="checkbox"/> No		4. If this is an ESTABLISHED Block Watch group, tell us if you are:		<input type="checkbox"/> An additional Captain or Co-Captain, or		<input type="checkbox"/> Replacing a Captain or Co-Captain, and		<input type="checkbox"/> Name of current Captain: _____		<input type="checkbox"/> Effective date of replacement (if applicable) _____		5. List the names of other identified Captains or Co-Captains on your Team (if known):		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
	Drivers Licence Number	Alternate ID if (you have no driver's license) Type: _____ Number: _____	
Home Address			Postal Code
Phone Numbers: Home	Best daytime phone number	Cell	E-mail Address
What streets will be included in this Block Watch? (optional for Co-Captains, required for Captains)			

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