

# BLOCK PARENT APPLICATION (PLEASE PRINT)

SURNAME(S): \_\_\_\_\_ RES. PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
 PREVIOUS ADDRESS (IF LESS THAN 5 YEARS): \_\_\_\_\_

E-MAIL: \_\_\_\_\_  
(FOR BLOCK PARENT USE ONLY WILL NOT BE GIVEN OUT.)

IF YOU HAVE RECENTLY COMPLETED A BACKGROUND CHECK, PLEASE ATTACH A COPY.

**RESIDENT NO. 1**                      M                       F                       **RESIDENT NO. 2**                      M                       F

NAME IN FULL: \_\_\_\_\_ NAME IN FULL: \_\_\_\_\_  
(NO INITIALS) (FIRST) (MIDDLE) (LAST) (NO INITIALS) (FIRST) (MIDDLE) (LAST)

ALL SURNAMENES USED IN THE PAST: \_\_\_\_\_ ALL SURNAMENES USED IN THE PAST: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
(DAY) (MONTH) (YEAR) (DAY) (MONTH) (YEAR)

PLACE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
(\* include country if outside Canada) (\* include country if outside Canada)

BUSINESS PHONE NO.: \_\_\_\_\_ BUSINESS PHONE NO.: \_\_\_\_\_

PLACE OF BUSINESS: \_\_\_\_\_ PLACE OF BUSINESS: \_\_\_\_\_

**\*\* SIGNATURE:** \_\_\_\_\_ **\*\* SIGNATURE:** \_\_\_\_\_

**ALL RESIDENTS OF THE HOME MUST BE INCLUDED ON THIS FORM** (children, relatives, nannies, etc.)

NAME IN FULL (no initials):	DATE OF BIRTH:	PLACE OF BIRTH <small>(city, country)</small>	**SIGNATURE
_____	_____	_____	_____
M <input type="checkbox"/>	_____	_____	_____
F <input type="checkbox"/>	_____	_____	_____
M <input type="checkbox"/>	_____	_____	_____
F <input type="checkbox"/>	_____	_____	_____
M <input type="checkbox"/>	_____	_____	_____
F <input type="checkbox"/>	_____	_____	_____
M <input type="checkbox"/>	_____	_____	_____
F <input type="checkbox"/>	_____	_____	_____
M <input type="checkbox"/>	_____	_____	_____
F <input type="checkbox"/>	_____	_____	_____

BLOCK PARENT HOMES WILL BE RESCREENED RANDOMLY

**ONE PHOTOCOPY of TWO of the FOLLOWING MUST BE INCLUDED WITH THIS APPLICATION for EACH PERSON 18 YEARS OF AGE AND OVER**

**DRIVER'S LICENSE · BIRTH CERTIFICATE · PASSPORT**

ALL INFORMATION REQUESTED IN THIS APPLICATION IS REQUIRED FOR RCMP SCREENING. IT WILL NOT BE RELEASED TO A THIRD PARTY UNDER ANY CIRCUMSTANCES.

BLOCK PARENT APPLICATION WILL BE AUTOMATICALLY REJECTED FOR THE FOLLOWING REASONS:

- VIOLENT CRIMES, i.e. ASSAULT OR USE OF WEAPONS
- REPEATED CHARGES OF ALCOHOL ABUSE
- SEX RELATED OFFENCES
- ANY CRIMINAL ACTIVITY INVOLVING CHILDREN
- DRUG RELATED OFFENCES

REJECTION MAY OCCUR FOR ANY CRIMINAL OFFENCE OR HISTORY

BLOCK PARENT PROGRAM RETAINS THE RIGHT TO REFUSE ANY APPLICATION.

SHOULD THIS APPLICATION BE APPROVED, YOU WILL BE NOTIFIED IN APPROXIMATELY SIX TO EIGHT WEEKS WHEN A BLOCK PARENT PROGRAM VOLUNTEER CONTACTS YOU TO CLARIFY YOUR RESPONSIBILITIES AND PROVIDE YOU WITH A SIGN.

**AS A MEMBER OF THE BLOCK PARENT PROGRAM YOUR NAME AND ADDRESS WILL AUTOMATICALLY BE INCLUDED IN OUR NATIONAL REGISTRY.**

**CONSENT**

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act.

I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety and Emergency Preparedness Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.



A National Police Service of the Royal Canadian Mounted Police

Signature of Applicant	Date (YYYY/MM/DD)
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*FOR BPP OFFICE USE ONLY*

APPROVAL GIVEN: \_\_\_\_\_ SIGN # : \_\_\_\_\_

DATE: \_\_\_\_\_

CHECKED: \_\_\_\_\_