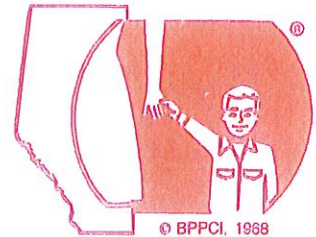


# Alberta Block Parent Association

**BUILDING CARING COMMUNITIES**  
**ONE BLOCK AT A TIME**



## BLOCK PARENT® APPLICATION

(PLEASE PRINT)

SURNAME(S): \_\_\_\_\_ RES PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

COMMUNITY: \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

RESIDENT NO. 1      M \_\_\_      F \_\_\_      RESIDENT NO. 2      M \_\_\_      F \_\_\_

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

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

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

PLACE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

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

\*\* Prior to the approval of this application, I hereby authorize the RCMP/Police Service to make such investigation of their records, or such other investigation as may be deemed appropriate, and on the basis of such investigations to indicate the approval or disapproval of the applicant(s)

AS A MEMBER OF THE BLOCK PARENT® PROGRAM, I AGREE TO MY NAME, ADDRESS AND TELEPHONE NUMBER BEING INCLUDED ON THE SECURE BP LINK DATABASE

"SIGNATURE: \_\_\_\_\_ "SIGNATURE: \_\_\_\_\_

EVERYONE MUST BE INCLUDED ON THIS FORM (Children, relatives, nannies, etc)

NAME IN FULL (no initials):	DATE OF BIRTH:	PLACE OF BIRTH:	"SIGNATURE:
_____ M ___ F ___	_____	_____	_____
_____ M ___ F ___	_____	_____	_____
_____ M ___ F ___	_____	_____	_____
_____ M ___ F ___	_____	_____	_____
_____ M ___ F ___	_____	_____	_____

PROOF OF IDENTIFICATION WILL BE REQUIRED

DRIVER'S LICENSE    BIRTH CERTIFICATE    PASSPORT    ALBERTA HEALTH CARE CARD

ALL INFORMATION REQUESTED IN THIS APPLICATION IS REQUIRED FOR RCMP/POLICE SERVICE 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      DRUG RELATED OFFENCES      ANY CRIMINAL ACTIVITY INVOLVING CHILDREN

REJECTION MAY OCCUR FOR ANY CRIMINAL OFFENCE OR HISTORY  
BLOCK PARENT® PROGRAM RETAINS THE RIGHT TO REFUSE ANY APPLICATION.  
(BP PROGRAM)

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

TWO REFERENCES ARE REQUIRED:

_____ (NAME)	_____ (ADDRESS)	_____ (PHONE)	_____ (RELATIONSHIP)
_____ (NAME)	_____ (ADDRESS)	_____ (PHONE)	_____ (RELATIONSHIP)

HOW DID YOU LEARN ABOUT THE BLOCK PARENT® PROGRAM? \_\_\_\_\_

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PLEASE MAIL IN SEALED ENVELOPE TO:

FOR OFFICE USE ONLY

APPROVAL GIVEN: \_\_\_\_\_

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

RECEIVED: \_\_\_\_\_ CHECKED: \_\_\_\_\_ SIGN NO: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

REGISTRATION NUMBER: \_\_\_\_\_

**ALBERTA BLOCK PARENT®ASSOCIATION**

**WINDOW SIGN AGREEMENT**

BLOCK PARENT NAME \_\_\_\_\_

Upon acceptance of this Block Parent window sign, I hereby declare that I have received a Window sign bearing serial number \_\_\_\_\_

And I acknowledge that such sign is the property of the \_\_\_\_\_ Block Parent Program.

I agree to use the Block Parent window sign as instructed by the Block Parent Program and outlined on the back of the sign. I acknowledge the sign is to be used only when I am available to provide assistance and removed from the window when I am not available.

I further agree to immediately surrender this Block Parent window sign to the Block Parent Program under the following circumstances:

- Upon request by any member of the Committee of the said organization or by any member of the Police Service/RCMP, or
- In the event I move outside the \_\_\_\_\_ Block Parent community, or
- I no longer wish to volunteer for the Block Parent Program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Block Parent

\_\_\_\_\_  
Signature of Block Parent Representative

*This agreement is to be completed in duplicate with one copy to be retained by the Block Parent and the other for the \_\_\_\_\_ Block Parent Program files.*