



Cowichan Community Policing & Engagement Society

#5 - 2628 Beverly St.

North Cowichan, BC V9L 5C7

Phone: 250-597-7927 Email: ccpes@shaw.ca

Block Watch Application Form

Last Name: _____ First Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email: _____

Date of Birth: ____ / ____ / ____

Commitments:	Yes	No
Are you willing to organize at least one meeting per year?		
Are you willing to do Fan-outs via telephone or email?		
Are you willing to create a Block Watch Map & Participant List?		
Are you willing to regularly communicate with the Block Watch Coordinator?		

I, _____, give my permission to the North Cowichan/Duncan RCMP to obtain any information necessary to qualify me as a volunteer with the Community Policing Program. It is understood that the Cowichan Community Policing & Engagement Society will have final authorization in the approval or rejection of the application. I affirm that the information which I have provided is true to the best of my knowledge.

I understand that my participation in the program is at the discretion of the Cowichan Community Policing & Engagement Society and receiving a successful police clearance with North Cowichan Duncan Detachment.

Applicant's Signature: _____ Date: _____

For Office Use Only:

Approved Signature: _____ Date: _____