

BLOCK PARENT APPLICATION



- New Application
- Rescreening
- Military Personnel



Surname(s): _____ Date: _____

Address: _____ Postal Code: _____ Phone #: _____

E-mail Address: _____ Previous Address (if less than 5 years at above): _____

This application will be screened by the police and may be re-screened at any time. Police or any other information will not be released to any unauthorized person or organization. Information supplied is protected under the Personal Information Protection and Electronic Documents Act.

In particular, I/we authorize the Police Service to enquire into my/our backgrounds in order to determine my/our suitability as a Block Parent. These enquiries will include a criminal check and a review of all other police contacts deemed relevant by the Block Parent Program and the Police Service.

I/we consent to the collection and disclosure of personal information by and between the local Block Parent Program and a law enforcement agency in order to evaluate my/our suitability as a Block Parent.

I/we have provided complete and correct information on all persons in the residence as required by this application. If this application is approved, I/we agree to advise of changes in the status of persons living in the residence that might compromise the principles of the Block Parent Program. Past criminal convictions or charges that are yet to be resolved that deal with any sexual offenses, substance abuse offences or violent (assaults) behaviour will automatically result in the

rejection of this application. Police contacts will be evaluated based on recency, nature of contact and potential for recurrence to ensure that no child of the community will be at risk while under the care of a Block Parent. The local Block Parent Program will make all decisions regarding this application.

I/we further 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/we have been convicted of, and been granted a pardon for, any of the sexual offenses that are listed in the schedule to the Criminal Records Act. I/we understand that, as a result of giving this consent, if I/we are suspected of being the person named in a criminal record for one of the sexual offenses 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 RCMP to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police service or other authorized body. That police service or authorized body will then disclose that information to me. If I/we further consent in writing to disclose of the information to the local Block Parent Program who requested the verification, that information will be disclosed to the local Block Parent Program.

ADULT 1 (OVER 18)

Name (first-middle-last): _____ M F

Maiden Name: _____ Birthdate (D/M/Y): _____ City of Birth: _____

Employer: _____ Business Phone #: _____

Drivers License #: _____ Applicant's Signature: _____

ADULT 2 (OVER 18)

Name (first-middle-last): _____ M F

Maiden Name: _____ Birthdate (D/M/Y): _____ City of Birth: _____

Employer: _____ Business Phone #: _____

Drivers License #: _____ Applicant's Signature: _____

PLEASE LIST ALL **OTHER** RESIDENTS (ADULTS OR CHILDREN) IN THE HOUSEHOLD:

Name in full	M/F	Birthdate (D/M/Y)	City of Birth

Nearest Elementary School:

**BLOCK PARENT PROGRAM
OF WINNIPEG, INC.**
466 GERTRUDE AVENUE
WINNIPEG, MANITOBA
R3L 0M8

PHONE / FAX **284-7562**



FOR POLICE USE ONLY

Approved by: _____

Date: _____

C.P.I.C. _____ W.P.S. Records _____