



BLOCKWATCH



Safer Communities, One Block at a Time

Volunteer Role Descriptions

Thank you for your interest in crime prevention and maintaining Block Watch in your neighbourhood. Following are the recommended duties of the Block Watch Captain/Co-Captain and participants. If you have any questions when completing this application, please call 604.717.2857.

Block Watch Captain and Co-Captain Block Watch Captains and Co-Captains are responsible for delivering the Block Watch program in their neighbourhood. They are important and valued links in the communication chain between the Vancouver Police Department Block Watch office and the Block Watch participants on their team. Their duties include:

- developing and maintaining a team block map and /or participant list and submitting it to the Block Watch office annually
- establishing an e-mail communication system /fan-out with your team members and developing a phone system for team members who are not on e-mail, if desired
- communicating regularly with your team members by sharing relevant VPD generated e-mails and informing your team of other neighbourhood concerns that you become aware of and that are reported to you
- informing your team and the VPD Block Watch Coordinator of suspicious or criminal activity after it's been reported to 9-1-1 or non-emergency
- providing Block Watch Participant Manuals and door and window decals to each participating household
- organizing annual Block Watch meetings with your team and, if desired, inviting a police member to attend
- coordinating the distribution of an engraver or providing participants information about the SecuriTag program to help identify and record stolen property
- setting a good example for participants by target-hardening your residence and recording and engraving your property
- watching out for your home and your neighbours' homes and property in a respectful way
- optional: organizing annual block parties with your team and, if desired, inviting a police member, specialty police squads and your local Community Policing Centre to attend
- establishing contact with your local Community Policing Centre to help deal with your neighbourhood crime issues
- welcoming new residents to your block and determining if they are suitable /interested in joining your team
- encouraging and motivating your team
- respecting the confidentiality and privacy of all participants

Block Watch Participant The Block Watch participant will be proactive on their Block Watch team by:

- being aware of who lives in their neighbourhood
- watching out for each other and each other's property
- reporting suspicious activity to police and then the Captain/Co-Captain
- using the information and tools they are provided to safeguard their property from thieves
- attending annual Block Watch meetings if they can
- sharing an interest in community safety with their neighbours



VANCOUVER POLICE DEPARTMENT

Captain or Co-Captain Application

Existing Block Watch Team



<p>All applicants must be 19 years of age or older. This application is kept confidential within the Block Watch Unit of the VPD only.</p> <p>Please submit this completed original application along with a copy of either the front and back of your BC Drivers License, BCID or other legal ID, e.g., Passport, to:</p> <p style="text-align: center;">Block Watch Vancouver Police Department 3585 Graveley St., Vancouver, BC V5K 5J5</p> <p>You will be required to bring the same piece of identification to the 3 hour Block Watch Captain/Co-Captain Training session.</p>	Date (yy/mm/dd)	Block Watch Number:
	Last Name	
	First name (that you ask people to call you by)	
	<p>Please indicate the role you are applying for and provide the names requested:</p> <p><input type="checkbox"/> Replacing a Captain: Name of Captain being replaced: _____</p> <p><input type="checkbox"/> Replacing a Co-Captain: Name of Co-Captain being replaced: _____</p> <p><input type="checkbox"/> Additional Captain</p> <p><input type="checkbox"/> Additional Co-Captain</p>	
Please provide the names of all the current Block Watch Captain(s) & Co-Captain(s) on your team and note their designation:		

Applicant Information					
Complete name exactly as it appears on your Identification					
Maiden or Previous Last name(s)	Office Use Only	<input type="checkbox"/> Q CPIC <input type="checkbox"/> QCNI <input type="checkbox"/> PRIME	<input type="checkbox"/> Cleared	Initials or PIN	Date
Date of Birth (yy/mm/dd)	<input type="checkbox"/> Male / <input type="checkbox"/> Female	Drivers Licence Number	If no DL, alternate ID type and number		
Home Address				Postal Code	
Phone Numbers: Home	Work	Cell	E-mail address (Mandatory)		

Consent for Release of Information

I, the undersigned, being of good character and a suitable participant in the Vancouver Police Department Block Watch Program, hereby authorize the Vancouver Police Department to inquire and determine whether or not I have ever been investigated, charged or convicted of a criminal offence. If, as a result of this inquiry, the Vancouver Police Department determines I am not an eligible participant, their decision is final.

If applicable, I further authorize the Vancouver Police Department to enquire and determine whether or not any children in my household, over 12 and under 18 years of age and as listed on Page 2 of the Household Members Listing, have ever been investigated, charged or convicted of a criminal offence.

All information contained herein is completely confidential.	Applicant Signature
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Community Policing Centres (CPC) are independent societies that work in partnership with the Vancouver Police Department on crime prevention issues. Do you consent to your contact information being provided to your local Community Policing Centre? Yes No

<p>Application Check List</p> <p><input type="checkbox"/> I have read & completed this application in its entirety</p> <p><input type="checkbox"/> I have included a copy of the <u>front and back</u> of my Drivers License or other legal ID</p> <p><input type="checkbox"/> I have included page 2 household member info of this application</p> <p><input type="checkbox"/> I am submitting the original application, not a copy, fax or scan</p> <p><input type="checkbox"/> I am aware I will be required to attend a training session</p> <p style="text-align: center;">If you have questions please call 604.717.2857</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Office Use Only</th> <th style="width: 40%;">Initials</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Date application received</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Application No.</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Date trained</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Date ID confirmed</td> <td style="padding: 5px;"></td> </tr> </tbody> </table>	Office Use Only	Initials	Date application received		Application No.		Date trained		Date ID confirmed	
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Date ID confirmed											



REPLACEMENT OR ADDITIONAL CAPTAIN/CO-CAPTAIN APPLICATION

APPLICANT'S HOUSEHOLD MEMBER INFORMATION



Please list the names of all residents of your household including: spouses, partners, family members, roommates, students, homestays, nannies, etc., aged 12 years or older and have the household member read the Consent for Release of Information and sign where indicated. Attach an additional sheet if necessary.
This does not apply for rental suites within your house.

Block Watch Applicant Information:

Last Name	First Name	Block Watch Number:
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There are no residents in my dwelling to which the Household Member Information applies. Initial here: _____

Consent for Release of Information

**I, the undersigned, being a household member of the applicant, hereby authorize the Vancouver Police Department to inquire and determine whether or not I have ever been investigated, charged or convicted of a criminal offence. If applicable, I further authorize the Vancouver Police Department to enquire and determine whether or not any children in my household, over 12 and under 18 years of age and as listed below, have ever been investigated, charged or convicted of a criminal offence.
 All information will be kept completely confidential.**

1) Household resident information (over the age of 12) (Parent to sign for children over 12 and under 18)

Relationship to Applicant				
Complete name exactly as it appears on your Identification. <u>UNDERLINE</u> your surname:				
Maiden or Previous Last name(s)	Office Use only	<input type="checkbox"/> Q CPIC <input type="checkbox"/> Q CNI <input type="checkbox"/> Q PRIME	<input type="checkbox"/> Cleared	Initials or PIN
Date of Birth (yy/mm/dd)	Drivers Licence Number	Signature	Date: (yy/mm/dd)	
<input type="checkbox"/> Male / <input type="checkbox"/> Female				

2) Household resident information (over the age of 12) (Parent to sign for children over 12 and under 18)

Relationship to Applicant				
Complete name exactly as it appears on your Identification. <u>UNDERLINE</u> your surname:				
Maiden or Previous Last name(s)	Office Use only	<input type="checkbox"/> Q CPIC <input type="checkbox"/> Q CNI <input type="checkbox"/> Q PRIME	<input type="checkbox"/> Cleared	Initials or PIN
Date of Birth (yy/mm/dd)	Drivers Licence Number	Signature	Date: (yy/mm/dd)	
<input type="checkbox"/> Male / <input type="checkbox"/> Female				

3) Household resident information (over the age of 12) (Parent to sign for children over 12 and under 18)

Relationship to Applicant				
Complete name exactly as it appears on your Identification. <u>UNDERLINE</u> your surname:				
Maiden or Previous Last name(s)	Office Use only	<input type="checkbox"/> Q CPIC <input type="checkbox"/> Q CNI <input type="checkbox"/> Q PRIME	<input type="checkbox"/> Cleared	Initials or PIN
Date of Birth (yy/mm/dd)	Drivers Licence Number	Signature	Date: (yy/mm/dd)	
<input type="checkbox"/> Male / <input type="checkbox"/> Female				

4) Household resident information (over the age of 12) (Parent to sign for children over 12 and under 18)

Relationship to Applicant				
Complete name exactly as it appears on your Identification. <u>UNDERLINE</u> your surname:				
Maiden or Previous Last name(s)	Office Use only	<input type="checkbox"/> Q CPIC <input type="checkbox"/> Q CNI <input type="checkbox"/> Q PRIME	<input type="checkbox"/> Cleared	Initials or PIN
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