

# **BLOCK WATCH PROGRAM**

**Block Watch Office** Saanich Police 760 Vernon Avenue Victoria, BC V8X 2W6

blockwatch@saanichpolice.ca

## www.saanichpolice.ca

# **Volunteer Task Description**

### Job Title:

# **BLOCK CAPTAIN/CO-CAPTAIN**

### **Function:**

In cooperation with the Saanich Police, and with the assistance of the Block Watch Office, BLOCK CAPTAINS/CO-CAPTAINS will be responsible for the delivery of the Block Watch program in their specific neighbourhood, and to communicate with the participants on their block.

### **Duties:**

The Block Watch Captain/Co-Captain carries out the general duties associated with the Block Watch Program on their block, including:

- Arranging the initial meeting to implement the program in their neighbourhood. Act as host at this meeting, to be held at Captain's home or another suitable location. Ensure yearly neighbourhood meetings are held.
- Acting as liaison and communication link with the Block Watch Office, Saanich Police, and the participants on their block. Maintain contact with the Block Watch Office as needed.
- Welcoming new residents to the neighbourhood by explaining the Block Watch program, and encouraging • participation.
- Maintaining accurate list and map of all participants, and update annually. Copies to be forwarded to the Saanich Police - Block Watch Office.
- Distribution of newsletters and other material to all participants on your block.
- Ensure that Block Watch participation is not used as a vehicle for promotion for any other cause. Personal information, lists and data are to be treated with confidentiality. Dissemination of information is exclusive to the purposes of the Block Watch program and will not be shared for any other purpose.
- Set a good example by initiating home security and target hardening measures in your own home. Arrange • for distribution of an engraver to participants on your block.

### Skills/Abilities/Qualifications:

Interested in and committed to preventing crime in your area.

Good Organizational skills.

Ability to communicate with participants in the program.

Criminal Record Check required (no fee).

Respect of confidentiality essential.

Sense of humour helpful.



### **BLOCK WATCH VOLUNTEER APPLICATION**

Volunteers must provide valid photo I.D. in person with this application form. (i.e. BCDL/BCID or Passport)

| Received by:   |   |                          |                            |   |  |  |
|--|---|--------------------------|----------------------------|---|--|--|
| Sype of ID:  | ID #  |                          |                            |   |  |  |
|  | <u>PL</u>                                     | EASE PRINT CLEARL        | <u>Y IN INK</u>            |   |  |  |
| PERSONAL INFORMATION (COMP<br>AND PROTECTION OF PRIVACY ACT.                           | LETED BY APPLICANT) PERSONAL                  | . INFORMATION ON THIS FO | RM IS COLLECTED UNDER T    | HE AUTHORITY OF THE BC FREEDOM OF INFORMATION   |  |  |
| LAST NAME  | FIRST NAME                                    |                          | MIDDLE NAME                |   |  |  |
| PREVIOUS/MAIDEN NAMES (including name  | changes)                                      |                          | SEX<br>MALE                | FEMALE  |  |  |
| DATE OF BIRTH (YYYY/MM/DD)   |   | PLACE OF BIRTH:          |                            | BC Drivers License #:   |  |  |
| ADDRESS (street # and name)  |   | CITY                     | PROV                       | POSTAL CODE   |  |  |
| PHONE NUMBER (residence)   | PHONE NUMBER (work)                           |                          | PHONE NU                   | PHONE NUMBER (cell)   |  |  |
| EMAIL (Primary)  |   | EMAIL (Secondary)        |                            |   |  |  |
| PREVIOUS ADDRESS (LIST ALL ADD   | RESSES WITHIN THE LAST FIVE Y                 | /EARS, ATTACH ADDITIONAL | . PAGES IF NECESSARY) or N | I/A   |  |  |
| STREET ADDRESS:  | CITY:   |                          | PROVINCE:                  |   |  |  |
| STREET ADDRESS:  |   | CITY:                    | PROVINCE:                  |   |  |  |
| STREET ADDRESS:  |   | CITY:                    | PROVINCE:                  |   |  |  |
| blunteer Position Applying for:  | Block Watch Captain<br>Block Watch Co-Captain |                          |                            |   |  |  |
| perience as a volunteer (organization/di   | ity or position) if any:                      |                          |                            |   |  |  |
| naracter reference: (please list two peop  |   |                          |                            |   |  |  |
| ame:   |   | tionship:                |                            | Phone:  |  |  |
| ame:   | Relationship:                                 |                          |                            | Phone:  |  |  |
| e Saanich Police requires that a security<br>age or older and currently residing in th |   | all volunteer Block Wat  | tch applicants including   | all immediate relatives who are 12 years  |  |  |
|  |   |                          |                            | t I have been suspected of, charged with, or<br>e by way of a fingerprint comparison. This is |  |  |

recommended if there is an indication that a "record may exist". Fingerprint submission is voluntary.) The Saanich Police retains sole discretion to approve or reject this application.

(Applicant's signature)

#### POLICE USE ONLY - RESULT OF RECORD CHECK

A search of the central Repository for Criminal Records for Canada in the above name and birth date and in this Police Department's own records shows:

Based on the information received, there is no criminal record identified. Information can only be confirmed by fingerprint comparison.

There may or may not be a criminal record in existence. Information can only be confirmed by fingerprint comparison.

Date

Signature, Saanich Police Department Community Engagement Division/Block Watch Office 760 Vernon Avenue, Victoria BC V8X 2W6 blockwatch@saanichpolice.ca

Please complete both sides of this form

**Constant Contacts:** (office use only)

### SAANICH POLICE DEPARTMENT

Criminal History Consent Form

Office use: Block No. C<u>PIC</u> New \_\_\_\_ or Replace \_\_\_\_ Email DB PRIME

#### Block Watch Office Saanich Police Department

760 Vernon Avenue, Victoria BC V8X 2W6 blockwatch@saanichpolice.ca www.saanichpolice.ca

#### Other residents aged 12 years and older:

Block Watch requires that every person living in the same residence as a Block Watch Captain or Co-Captain be of good character and not be suspected of, charged with, or convicted of any criminal activity.

We, the undersigned, understand that \_\_\_\_\_\_\_ has applied to become a Captain, or Co-Captain with the Block Watch Program of Saanich. We authorize the Saanich Police to make the necessary inquiries into our background in order to determine suitability in the Block Watch Program.

| LAST NAME                                      | FIRST NAME |                 | MIDDLE NAME |       |        |
|--|------------|-----------------|-------------|-------|--------|
|  |            |                 |             |       |        |
| PREVIOUS/MAIDEN NAMES (including name changes) |            |                 | SEX<br>MALE | 1     | FEMALE |
| DATE OF BIRTH: (YYYY/MM/DD)                    |            | PLACE OF BIRTH: |             | BCDL: |        |
| SIGNATURE:                                     |            |                 |             |       |        |
| LAST NAME                                      | FIRST NAME |                 | MIDDLE NAME |       |        |
| PREVIOUS/MAIDEN NAMES (including name changes) |            |                 | SEX<br>MALE |       | FEMALE |
| DATE OF BIRTH: (YYYY/MM/DD)                    |            | PLACE OF BIRTH: |             | BCDL: |        |
| SIGNATURE:                                     |            |                 |             |       |        |
| LAST NAME                                      | FIRST NAME |                 | MIDDLE NAME |       |        |
| PREVIOUS/MAIDEN NAMES (including name changes) |            |                 | SEX<br>MALE |       | FEMALE |
| DATE OF BIRTH: (YYYY/MM/DD)                    |            | PLACE OF BIRTH: |             | BCDL: |        |
| SIGNATURE:                                     |            |                 |             | I     |        |

This information is collected for the administrative and/or operational functions of the District of Saanich as authorized by the <u>Local Government Act</u>. This information has been collected, and will be used and maintained, in accordance with <u>Freedom of Information and Protection of Privacy Act</u>. Should you have any questions about the above please contact the Saanich Police Information and Privacy Coordinator at 250 475-4307.



I, the undersigned, understand that as a volunteer of the Block Watch program I may be given or exposed to confidential information. While such knowledge of information may be pertinent in the context of service delivery, nevertheless, I appreciate that the confidences of Block Watch and the Saanich Police must be respected at all times. Therefore, I do willingly promise to hold in confidence all matters that come to my attention in the line of duty as a Block Watch volunteer. I will respect the privacy of the participants whom I serve and will confer appropriately with the Block Watch Office, the Saanich Police and other volunteers.

Signature

Completed form to be returned in person with valid photo I.D. (i.e. BCDL/BCID or Passport) to:

Saanich Police Department, 760 Vernon Avenue, Victoria, BC V8X 2W6 250 475-4321

### Please complete both sides of this form. Thank You!