

# ONTARIO BLOCK PARENT® PROGRAM APPLICATION



**Police Services Address:**  
**Durham Regional Police Services – 19 Division**  
**1710 Kingston Road**  
**Pickering ON L1V 1C5**

Police Use Only
Approved by _____
Badge # _____
Initials _____
Date _____

**THIS APPLICATION IS STRICTLY FOR THE  
PURPOSE OF BECOMING A BLOCK PARENT**

Type of Application:     Original         Additional         Update  
 Have you been a Block Parent before?    Yes \_\_\_\_\_ No \_\_\_\_\_  
 Can we contact your previous committee?    Yes \_\_\_\_\_ No \_\_\_\_\_

Office Use Only
Block Parent Display Card No: _____
Processed By: _____

## APPLICANT PERSONAL INFORMATION

<b>Resident #1:</b> Surname/Mr.Mrs.Ms.	First	Second
Residence telephone	Work telephone	Maiden Name (if applicable)
Complete Home Address (number, street, apt., lot, concession, township, rural route #)		
City, Town	Postal Code	Date of Birth: Day                        Month                        Year

<b>Resident #2:</b> Surname/Mr.Mrs.Ms.	First	Second
Residence telephone	Work telephone	Maiden Name (if applicable)
Complete Home Address (number, street, apt., lot, concession, township, rural route #)		
City, Town	Postal Code	Date of Birth: Day                        Month                        Year

**Resident #1:** list previous addresses for the past 5 years.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**Resident #2:** list previous addresses for the past 5 years.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**Names of all children 12 years & over, other residents, or full time help (use additional form if more space is required)**

Name	Male	Female	Date of Birth : Day	Month	Year
Name	Male	Female	Date of Birth: Day	Month	Year
Name	Male	Female	Date of Birth: Day	Month	Year
Name	Male	Female	Date of Birth: Day	Month	Year

**“This application will be screened by the police and may be rescreened at any time. This application will be handled in the strictest confidence. Police or any other information will not be released to any unauthorized person or organization.”**

**E-Mail Address:**  
*(Please print clearly)*

The applicants and all residents of the applicant's household agree to provide information on request including personal information as defined in the Municipal Freedom of Information and Protection of Privacy Act and the Freedom of Information and Protection of Privacy Act. Information will be provided on all residents on request, regardless of age.

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 HAVE READ THIS CONSENT, UNDERSTAND IT AND AGREE TO IT IN ITS ENTIRETY.**

<p><b>Signatures of applicants &amp; everyone 12 years of age &amp; over</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Date:</b></p>	<p><i>Affix Community Service Program Stamp Here</i></p> <p><b>Ajax/Pickering Block Parent</b>  <b>P.O. Box 15</b>  <b>Pickering, ON L1V 2R2</b></p> <p><i><b>block.parent@rogers.com</b></i>  <b>1-800-563-2771</b></p>
<b>Names of all children under 12 years of age</b>	
<p>Name <span style="float: right;">Male Female</span></p>	<p>Date of Birth: Day <span style="float: right;">Month Year</span></p>
<p>Name <span style="float: right;">Male Female</span></p>	<p>Date of Birth: Day <span style="float: right;">Month Year</span></p>
<p>Name <span style="float: right;">Male Female</span></p>	<p>Date of Birth: Day <span style="float: right;">Month Year</span></p>
<p>Name <span style="float: right;">Male Female</span></p>	<p>Date of Birth: Day <span style="float: right;">Month Year</span></p>
<p>Name <span style="float: right;">Male Female</span></p>	<p>Date of Birth: Day <span style="float: right;">Month Year</span></p>
<p>Name <span style="float: right;">Male Female</span></p>	<p>Date of Birth: Day <span style="float: right;">Month Year</span></p>