



Waterloo Regional Block Parent® Program

PO Box 425 Hespeler Road, Suite 413
 Cambridge ON N1R 8J6
 contact@blockparents.ca
www.blockparents.ca

Office Use Only

Block Parent Sign No:

Processed By:

PVSC Date:

Data Input Date:

Elementary school(s) closest to your home, if known: _____

Where did you obtain this application? _____

PERSONAL INFORMATION STRICTLY FOR THE PURPOSE OF BECOMING A BLOCK PARENT

Applicants' Home Address

Street:

City:

Postal Code:

Applicants' Email Address:

Applicant #1

Applicant #2

Surname:

Surname:

Given Name:

Given Name:

Middle Initial:

Middle Initial:

Place Of Occupation:

Place Of Occupation:

(Cell) Phone:

(Cell) Phone:

Date Of Birth: YYYY/MM/DD

Date Of Birth: YYYY/MM/DD

NAMES OF ALL OTHER RESIDENTS, (INCLUDING CHILDREN) LIVING IN THE HOME:

SURNAME	GIVEN NAME	DATE OF BIRTH		
		YYYY	MM	DD

***ALL ADULTS 18 YEARS AND OLDER, LIVING IN THE HOME, MUST PROVIDE A POLICE VULNERABLE SECTOR CHECK (THIS INCLUDES STUDENTS WHO RESIDE IN THE HOME, PART-TIME)**

***PROOF OF IDENTIFICATION FOR ONE APPLICANT WILL BE REQUIRED DURING IN-HOME TRAINING SESSION
 IE: DRIVERS LICENCE, BIRTH CERTIFICATE, PASSPORT, ONTARIO HEALTH CARD**

Block Parent applicants will be screened following the Block Parent® Program Safe Steps Screening Process. This application will be screened by Waterloo Region Police Services and will be rescreened every two years. All information will be handled in the strictest confidence and will not be sold, shared or released to any unauthorized person, organization or third party.

The information contained herein will be included on BPLink, a database used by the Waterloo Regional Block Parent® Program, for the sole purpose of administration and statistical reports. Access to this information will be password protected and available only to appointed representatives of the Block Parent Program.

The applicants and all residents of the applicants' household, agree to provide information on request from time to time including personal information as defined in each of the Personal Information Protection and Electronic Document Act (Canada), the Municipal Freedom of Information and Protection of Privacy Act (Ontario) and the Freedom of Information and Protection of Privacy Act (Ontario). Any failure or refusal to provide information at any time upon request may, at the sole discretion of the Block Parent Program, result in the suspension or termination of the applicants' participation in the Block Parent Program.

I/We authorize Police Services and the Waterloo Regional Block® Parent Program to enquire into my/our backgrounds in order to determine my/our suitability as a Block Parent. These enquiries will include a Police Vulnerable Sector Check and a review of all other police contacts deemed relevant by the Block Parent Program and Police Services and on the basis of such investigation to indicate their concern with respect to this application. I/We consent to the collection and disclosure of personal information by and between the Block Parent Program and Police Services 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 all changes in the residents of the applicants' household including any change in status of any person living in the residence, any additional person living in the residence and any person ceasing to live in the residence. 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 one in the community will be at risk while under the care of a Block Parent. The 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 am/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 disclosure of that information to the Block Parent Program who requested the verification, that information will be disclosed to the local Block Parent Program. Any rejected application, including all information contained therein, will be destroyed.

I/We understand that I/we may be contacted from time to time by the Block Parent Program with important information updates.

PLEASE PROVIDE TWO REFERENCES (OTHER THAN FAMILY MEMBERS)		
1. Name:	Phone:	Relationship:
2. Name:	Phone:	Relationship:

I/WE HAVE READ THIS CONSENT, UNDERSTAND IT AND AGREE TO IT IN ITS ENTIRETY

Signature of Applicant	Office Use Only
Print Name: _____ Signature: _____ Date: _____	<input type="checkbox"/> Reference Check Completed <input type="checkbox"/> PVSC Cleared <input type="checkbox"/> BP Application Screened Type of ID Verified: _____ BP Signature: _____