

<p align="center"><b>NEW WESTMINSTER POLICE SERVICE</b></p> <p align="center"><b>BLOCK WATCH CAPTAIN APPLICATION</b></p> <p>Captain      <input type="checkbox"/></p> <p>Co-Captain   <input type="checkbox"/></p>	<p align="center"><b>RETURN APPLICATION IN PERSON TO</b></p> <p align="center">555 Columbia Street New Westminster, BC Phone (604) 525 5411</p>
--	---

**PERSONAL INFORMATION**

SURNAME	ALL GIVEN NAME(S)	MAIDEN NAME (if applicable)	M <input type="checkbox"/>	F <input type="checkbox"/>
ADDRESS		CITY	POSTAL CODE	
Date of Birth Year/Month/Day	Home Phone Number	Business Phone	Email address	
Place of Birth City	Province/State, Country	Driver's Licence Number	Province	Class
Any physical limitations which may affect certain types of volunteer work    Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes please specify:				

**EMPLOYMENT INFORMATION**

Company Name
--------------

**HOME ADDRESS LAST TEN YEARS**

Apt. No.	Street Address	City	Province	From (Year/Month/Day)	To (Year/Month/Day)

**(List all additional on separate sheet)**

I hereby authorize the New Westminster Police Services to make such investigations as they deem necessary to determine approval or disapproval of this application. I understand that New Westminster Police Service will have the final say in the approval or rejection of this application, and the criteria and method they use in arriving at their decision will not be questioned or objected to by me and I will have no grievance against the corporation of the City of New Westminster or the New Westminster Police Service in this regard.

\_\_\_\_\_  
 Signature of applicant:

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness: ( Police representative only)

\_\_\_\_\_  
 Date