ONTARIO BLOCK PARENT® PROGRAM APPLICATION

STRICTLY FOR THE PURPOSE OF BECOMING A BLOCK PARENT®

Block Parent® Program Name	**Office Use Only**	
BARRIE BLOCK PARENT®	Block Parent Sign No:	
Address 29 Sperling Drive, Barrie Ont.	Processed By:	
L4M 6K9	Date:	School/Area Code

Type of Application: Original ☐ Additional ☐ Update ☐

Have you been a Block Parent before? Yes ☐ No ☐ | If yes, where? | When?

Elementary school(s) your child(ren) attend(s) or closest school to your home:

APPLICANTS' PERSONAL INFORMATION

Applicants' Address:

Postal Code: | Home Phone: | Check Here If Unlisted ☐

Email:

Adult #1 (in household) M ☐ F ☐	Adult #2 (in household) M ☐ F ☐
Surname: Mr. Mrs. Ms.	**Surname:** Mr. Mrs. Ms.
Given Names:	Given Names:
Other Names/Aliases/Maiden Name:	Other Names/Aliases/Maiden Name:
Place Of Occupation:	Place Of Occupation:
Business Phone:	Business Phone:
Date Of Birth: YYYY/MM/DD	Date Of Birth: YYYY/MM/DD
Driver's Licence No.	Driver's Licence No.
List previous addresses for the past 5 years: 1. _____ 2. _____ 3. _____	List previous addresses for the past 5 years: 1. _____ 2. _____ 3. _____

SURNAME	GIVEN NAMES	GENDER		DATE OF BIRTH YYYY	MM	DD

Block Parent applicants will be screened following the Block Parent® Program of Canada Inc.'s Safe Steps Screening Process. This application will be screened by the Police and will be rescreened without notice at periodic intervals. Police and all other 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 Block Parent® Program of Canada Inc., for the sole purpose of Block Parent Program 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, regardless of age, 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 the Police Service and the local 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 record check and a review of all other police contacts deemed relevant by the Block Parent Program and the Police Service 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 local Block Parent Program and Police Service 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 local 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 local 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.

References (other than family members)		
1. Name:	Phone:	Date Contacted:
2. Name:	Phone:	Date Contacted:

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

Signatures of applicants & everyone 12 years of age & over

_____

_____

_____

_____

_____

_____

_____

_____

_____

Date: _____

Would you be interested in volunteering for the local Block Parent Program at community events and displays? Yes ☐ No ☐

Where did you obtain this application?

For Block Parent® Program Use Only

Type of ID seen: _____

_____

Signature: _____

Police Use Only (if applicable)

Flag # _____ Badge # _____

Signature: _____

Date Police Record Check Completed: _____

Police Service Stamp

OBPPI 2008

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