



ONTARIO BLOCK PARENT® PROGRAM INC.

WINDOW SIGN AGREEMENT

BLOCK PARENT NAME(S): _____

ADDRESS: _____

Upon acceptance of this Block Parent® window sign, I hereby declare that I have received from _____ a window sign bearing serial number _____,
(Block Parent® Program Representative)

and I acknowledge that such sign is the property of the _____ Block Parent®
(Community program)
Program.

I agree to use the Block Parent® window sign as instructed by the _____
Block Parent® Program and outlined on the back of the sign. I acknowledge the sign is to be used
only when I am available to provide assistance and removed from the window when I am not
available.

I further agree to immediately surrender this Block Parent® window sign to the _____
Block Parent® Program under the following circumstances:

- upon request by any member of the Committee of the said organization or by any member of the local Police Service, or
- in the event I move outside the _____ Block Parent® community, or
- I no longer wish to volunteer for the Block Parent® Program.

Date

Signature of Block Parent®

Signature of Block Parent® Program Representative

Administration Note:

This agreement is to be completed in duplicate with one copy to be retained by the Block Parent® and the other for the community Program's files.