



# Oilfields Block Parent Application Form

## RESIDENT #1

## RESIDENT #2

NAME: \_\_\_\_\_  
(first, middle, last)

NAME: \_\_\_\_\_  
(first, middle, last)

MAIDEN NAME: \_\_\_\_\_  
(if applicable)

MAIDEN NAME: \_\_\_\_\_  
(if applicable)

DATE OF BIRTH: \_\_\_\_\_  
(dd/mm/yyyy)

DATE OF BIRTH: \_\_\_\_\_  
((dd/mm/yyyy)

OCCUPATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

LENGTH OF TIME AT THIS ADDRESS: \_\_\_\_\_ yrs. \_\_\_\_\_ mo.

LAST PREVIOUS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO. (res.): \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE NO. (bus.): \_\_\_\_\_ TELEPHONE NO. (bus.): \_\_\_\_\_

### NAME AND DATE OF BIRTH OF ALL OTHER RESIDENTS OVER 12 YEARS OF AGE (including nanny's, etc.) :

- |          |                                              |                  |
|----------|----------------------------------------------|------------------|
| 1. _____ | D.O.B.: _____<br><small>(dd/mm/yyyy)</small> | SIGNATURE: _____ |
| 2. _____ | D.O.B.: _____<br><small>(dd/mm/yyyy)</small> | SIGNATURE: _____ |
| 3. _____ | D.O.B.: _____<br><small>(dd/mm/yyyy)</small> | SIGNATURE: _____ |
| 4. _____ | D.O.B.: _____<br><small>(dd/mm/yyyy)</small> | SIGNATURE: _____ |
| 5. _____ | D.O.B.: _____<br><small>(dd/mm/yyyy)</small> | SIGNATURE: _____ |

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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 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 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.

\_\_\_\_\_  
RESIDENT #1 SIGNATURE

\_\_\_\_\_  
RESIDENT #2 SIGNATURE

**\*\*A photocopy of driver's license, Alberta Health Care card or passport must be included for all residents over the age of 18 years of age.**

**\*\* Please be advised that by signing this application your name will be submitted into a National Block Parent database. If you choose not to receive any mailings from Block Parent Program of Canada , check here.**

### POLICE USE ONLY

Date Application Received: \_\_\_\_\_ Application Accepted: YES: \_\_\_\_\_ NO: \_\_\_\_\_  
Police Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed form to the Turner Valley RCMP detachment.