

BLOCK PARENT® APPLICATION



New Application
 Updating
 Sign #: _____



IF ANY INFORMATION CHANGES AFTER SENDING IN THE APPLICATION, PLEASE CONTACT THE BLOCK PARENT® OFFICE

Surname(s): _____ Date Approved: _____
 Address: _____ Postal Code: _____
 Email Address: _____
 Phone #: _____ Cell #: _____

Would you be willing to do some extra volunteering in your community to help promote the Block Parent® Program?
 Yes No Maybe

ADULT 1 (OVER 18)

Name (first-middle-last): _____ M F
 Maiden Name: _____ Birthdate (M/D/Y): _____
 Employer: _____ Business Phone #: _____
 Drivers Licence #: _____
 Applicant's Signature: _____ City/Province of Birth: _____

ADULT 2 (OVER 18)

Name (first-middle-last): _____ M F
 Maiden Name: _____ Birthdate (M/D/Y): _____
 Employer: _____ Business Phone #: _____
 Drivers Licence #: _____
 Applicant's Signature: _____ City/Province of Birth: _____

PLEASE LIST ALL OTHER RESIDENTS (ADULTS OR CHILDREN) IN THE HOUSEHOLD

Name in Full	M/F	Birthdate (M/D/Y)	City of Birth

What Prompted you to apply to become a Block Parent®? _____

Nearest Elementary School: _____

BLOCK PARENT® PROGRAM OF WINNIPEG, INC.

466 GERTRUDE AVENUE
 WINNIPEG, MANITOBA
 R3L 0M8
 PHONE/FAX 284-7562



bppw@mts.net

winnipegblockparents.mb.ca



ALL INFORMATION WRITTEN ON THIS APPLICATION IS KEPT AT OUR OFFICE FOR OUR RECORDS. YOUR INFORMATION IS PROTECTED UNDER THE PERSONAL INFORMATION PROTECTION & ELECTRONIC DOCUMENTS ACT. YOUR INFORMATION IS NOT GIVEN TO ANY THIRD PARTY ORGANISATIONS