Citizens On Patrol Program

Volunteer Application

Name:_____
First Last Middle Initial

Mailing/Street Address:_____

Town/City:_____ Postal Code:_____

Home Phone Number:_____ Work Phone Number:_____

Fax Number:_____ Email:_____

I am applying to be a volunteer with: _____
(Group Name)

Patrol type preferred (circle all that apply) driving in vehicle walking bicycling

Patrol time preferred (circle all that apply) Day Evening Night

Friday Saturday Sunday

Other _____

How did you hear about the COPP Program?

Signature of Applicant: _____ Date: _____

Please note that the information you provide us on this application form will be used for Citizens on Patrol business only.