

Citizens On Patrol Application

Personal Information:

Full name: _____

Home Address: _____

Home Telephone Number: _____

Work Address: _____

Work Telephone Number: _____

Date of Birth: _____

Drivers License Number: _____ State: _____

Social Security Number: _____

E-Mail Address: _____

Education:

High School Graduate? _____ GED? _____

Highest Grade Completed: _____

Name of High School: _____

College Graduate? _____ Degree and Major: _____

Name of College: _____

List associations, civic/service clubs, affiliations, etc:

Employment:

Presently Employed? Yes No Work Hours:_____

Name of Employer:_____

Position and Duties:_____

References:

List Two References:

Name:_____

Address:_____

Telephone:_____

Name:_____

Address:_____

Telephone:_____

Please list any special training / skills you have which would aide this program:_____

Are you willing to commit to patrol the minimum amount of hours required by the program per month?_____

I hereby grant permission for this law enforcement agency to conduct a criminal history background check. I am also aware that deliberately omitting or falsifying this application will be grounds for disqualification/dismissal from this program. If accepted into the program I also agree to maintain the confidentiality of any information involving any ongoing criminal investigation, police operations, arrest warrants, or criminal indictments while volunteering for this law enforcement agency.

Signature:_____

Date:_____