Manitoba Citizens On Patrol Program – Volunteer Application

Name: _____
First Last Middle Initial

Street Address: _____

Mailing Address: ☐ as above, or _____

Town/City: _____ Postal Code: _____

The best number to reach me at is: _____ ☐ Cell ☐ Home ☐ Work

Second best number is: _____ ☐ Cell ☐ Home ☐ Work

Email: _____

I am applying to be a volunteer with: Carman-Dufferin Citizens on Patrol
Group Name

I am willing to patrol by (check all that apply): ☐ Vehicle ☐ Walking ☐ Biking

I can patrol (check all that apply): ☐ Days ☐ Evenings ☐ Nights ☐ Anytime
☐ Fridays ☐ Saturdays ☐ Sundays ☐ Anytime

How did you hear about the COPP Program? _____

_____ _____
Signature of Applicant Date

The information provided will be used for COPP purposes only.

CITIZENS ON PATROL PROGRAM
PROGRAMME CITOYENS EN PATROUILLE

For Group Coordinator Use Only:

Criminal Record Check Submitted: Date: _____

Criminal Record Verified by: _____ Date: _____

Application: ☐ Accepted
☐ Rejected based on Criminal Record Check
☐ Applicant informed by: ☐ Phone ☐ Email Date: _____

Training Completed: Date: _____

Trained by: Date: _____