Brandon Citizens On Patrol Program – Volunteer Application

Name: _____
First Last Middle Initial

Mailing/Street Address: _____

Town/City: _____ Postal Code: _____

Home Phone Number: _____ Work Phone Number: _____

Email: _____

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

Patrol time preferred (circle all that apply): Day Evening Night
Friday Saturday Sunday

Patrol type preferred (circle all that apply): Driving in Vehicles Walking Bicycling

How did you hear about the COPP Program?

_____

_____

_____

_____ _____
Signature of Applicant Date

The information provided will be used for COPP purposes only.

Police Liaison phone number 204-729-2385