



## 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: \_\_\_\_\_  
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.



**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: \_\_\_\_\_