

**WEST PALM BEACH POLICE DEPARTMENT**

**Application for Citizen On Patrol**

NAME: \_\_\_\_\_ C.O.P. GROUP \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK # \_\_\_\_\_

CELL # \_\_\_\_\_ OTHER # \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

D.L. # \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

D.O.B. \_\_\_\_\_ SEX \_\_\_\_\_ HEIGHT \_\_\_\_\_ HAIR \_\_\_\_\_ EYES \_\_\_\_\_

MARRIED \_\_\_\_\_ (If yes, Name of Spouse) \_\_\_\_\_

ARE YOU RETIRED \_\_\_\_\_ (If no, name and address of employer) \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony \_\_\_\_\_

Do you have any medical or physical disabilities, defects, or chronic disease that would affect your ability to work as a Citizen On Patrol Volunteer? \_\_\_\_\_ (If yes, explain) \_\_\_\_\_

Do you have any need to carry any type of medication or emergency equipment on your person? \_\_\_\_\_

Have you ever volunteered for any other police/law enforcement agency? Yes \_\_\_\_ No \_\_\_\_  
If yes, who \_\_\_\_\_

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**EMERGENCY CONTACT:**

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE # \_\_\_\_\_

I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. WEST PALM BEACH POLICE DEPARTMENT HAS MY PERMISSION TO MAKE ANY INQUIRES INTO MY PRESENT AND PAST PERSONAL INFORMATION, AS MAY BE DEEMED NECESSARY IN THE INTEREST OF THE WEST PALM BEACH POLICE DEPARTMENT AND MY APPOINTMENT IN THIS PROGRAM.

SIGNATURE \_\_\_\_\_ REVIEWED BY \_\_\_\_\_

DATE \_\_\_\_\_