



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: _____