



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