



East St Paul Citizens on Patrol Program (ESP COPP) Application Form

All information on this form will be used for the sole purpose of administrating the Citizens on Patrol Program. As a member of ESP COPPP you authorize receiving notification of meetings and events, requests to volunteer for events, contact from the coordinator and/or executive to conduct patrols, communication as required to fulfill the programs objectives.

Personal information will be kept private and confidential under the directive of the MB COPP Information Security Policy.

Name: _____
Last First Middle

Current Address: _____ Postal Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Circle best time to phone you: morning, afternoon, evening, weekday, weekend _____

Email Address: _____ Minimum 18 years of age? Yes No

Circle Patrol Time Availability/ Preference: morning, afternoon, evening, night, weekday, weekend
other: _____

1) Do you have access to a vehicle to conduct patrols? Yes No

2) Will you have a COPP trained partner to patrol with once you are trained? Yes No
(e.g.: Spouse or friend taking the training at the same time as you, or is already trained.)

If you answered **No** to question 2, please circle all partner requirements that apply to you.

Smoker, Non-smoker, Male, Female, Bicycling Partner, Walking Partner, Partner with own vehicle

If you answered **Yes** to question 2, please supply the name(s) of your partner(s)

First Partner Name: _____

Additional Partners: _____

Do you authorize the coordinators or executive to give your name and telephone number to another member of the East St Paul Citizens on Patrol Program to partner with that member? This will be done on an individual as required basis to provide persons without partners the opportunity to patrol.

Yes No

Signature: _____ Date: _____