Manitoba Citizens on Patrol Program
Volunteer Application

Name: _____
First Last Middle Initial

Mailing/Street Address: _____

Town/City: _____ Postal Code: _____

Home Phone Number: _____ Work Phone Number: _____

Email: _____

I am applying to be a volunteer with: _____
(Group Name)

Patrol type preferred (circle all that apply) Vehicle Foot Bicycle

Patrol time preferred (circle all that apply) Day Evening Night

How did you hear about the COPP Program?

Signature of Applicant: _____ Date: _____

The information provided will be used for COPP purposes only.