



CITIZENS ON PREVENTIVE PATROL

VOLUNTEER APPLICATION



BEAVERCREEK POLICE DEPARTMENT
1388 RESEARCH PARK DRIVE
BEAVERCREEK, OHIO 45432
(937) 426-1225

Sgt. Ted McFaddin, Program Supervisor/Cindy Wetzal, President

NAME _____
(LAST) (FIRST) (MI)
ADDRESS _____
(STREET) (CITY) (STATE) (ZIP CODE)
PHONE NUMBER (HOME) _____ PHONE NUMBER (WORK) _____
CELL NUMBER _____ E-MAIL ADDRESS _____
SOCIAL SECURITY NUMBER ____-____-____ DRIVERS LICENSE NUMBER _____
CAR INSURANCE CO. & AGENT _____

How did you hear about the C.O.P.P. Program? _____

Do you have any previous volunteer experience? _____

Do you have dependable transportation? _____

Why do you want to become a C.O.P.P.? _____

How does your family feel about you being involved in this program? _____

Are you able to perform all the essential functions listed in the attached Assignment Description ? Yes _____ No _____

If no, please explain _____

What days and times would you be most available? _____

Would you object to having a background check run on you? Yes _____ No _____

Would you object to taking a polygraph? Yes _____ No _____

Would you object to a drug screening test? Yes _____ No _____

SIGNATURE OF APPLICANT _____ Date _____