







## **Volunteer Application - Battlefords Citizens On Patrol**

Name:	
Mailing Address:	
City/Town:	Postal Code:
Home #:	Cell #:
Email:	
Date of Birth:  Year-Month-l	
Preferred patrol time Please indicate the days/times that would work best for you to be on patrol:	
Do you consent to having your contact information shared with other COPP members? Yes No	
How did you hear about COPP?	
	ol Program is obligated to attend at least six meetings per es per year, unless unusual circumstances prevent it.
Signature	Date

## Please return to: