



FRESNO POLICE DEPARTMENT CITIZENS ON PATROL VOLUNTEER APPLICATION



Name: _____

(First)

(Middle)

(Last)

Previous Names (if Applicable) _____

Address: _____

(Street)

(City)

(State)

(zip)

Phone: Home: _____ Work: _____ Date of Birth: _____

In case of emergency, contact: _____

(Name, Address, Phone Number & Relationship)

California Driver License Number: _____

List residences for the last five years. List your current address first:

1. _____

(Street, City, State, Zip Code, & How long)

2. _____

(Street, City, State, Zip Code, & How long)

3. _____

(Street, City, State, Zip Code, & How long)

Employment history for the last five years, beginning with the most recent position:

1. _____

(Company Name Complete Address Telephone Number & How long)

2. _____

(Company Name Complete Address Telephone Number & How long)

3. _____

(Company Name Complete Address Telephone Number & How long)

Are you bilingual? Yes _____ No _____ If yes, what is your second language? _____

Speak: _____ Read: _____ Proficiency: (Circle one) Fair Good Excellent

Education and training: _____

(List highest level of education and any specialized training received)

Hobbies and interests: _____

Special Skills: _____

FRESNO POLICE DEPARTMENT PATROL SUPPORT DIVISION
MAIL TO: P.O. Box 1271, Fresno, California 93715-1771 Phone: 559/621-2300 FAX: 559/488-1010 C.O.P. Coordinator 559/621-2346
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What skills do you have which would be helpful as a volunteer?

In what areas are you interested in volunteering your services?

Previous volunteer experience:

Approximate number of hours per week you can volunteer:

Days/Hours available:

Morning (Days/Hours)	Afternoon (Days/Hours)	Evening (Days/Hours)
Weekdays:		

Weekends:		

List three references:

1. _____

(Name) (Address) (City) (State) (ZipCode) (Phone Number)
2. _____

(Name) (Address) (City) (State) (ZipCode) (Phone Number)
3. _____

(Name) (Address) (City) (State) (ZipCode) (Phone Number)

List all arrests, the charges, dates of arrest, and disposition (excluding traffic tickets):

How did you hear about the C.O.P. Program? Newspaper Referral C.P.A. Other If other, explain:

Signature: _____

Date: _____

Can you refer another possible candidate for the program?

(Name)

(Address)

(Phone

Number)

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