



# CITIZENS ON PREVENTIVE PATROL

VOLUNTEER APPLICATION  
BEAVERCREEK POLICE DEPARTMENT  
1388 RESEARCH PARK DRIVE  
BEAVERCREEK, OHIO 45432  
937-426-1225



SGT MICHAEL HUMMEL, PROGRAM SUPERVISOR

NAME \_\_\_\_\_  
(LAST) (FIRST) (MI)

ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

PHONE NUMBER(HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_-\_\_\_\_-\_\_\_\_ DRIVERS LICENSE NUMBER \_\_\_\_\_

CAR INSURANCE CO.& AGENT \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

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 Assignment Description? Yes \_\_\_\_\_ No \_\_\_\_\_

If no explain \_\_\_\_\_

What days and times would you be most available? \_\_\_\_\_

Would you submit to having a background check run on you? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you submit to taking a polygraph? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you submit to a drug screen test Yes \_\_\_\_\_ No \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ Date \_\_\_\_\_