Rural Municipality of East St Paul

CITIZENS ON PATROL PROGRAM (COPP)
VOLUNTEER REGISTRATION FORM

All information on this form will be used for the sole purpose of administrating the Citizens on Patrol Program. Administration encompasses notification of meetings and events, requests to volunteer for events, contact by the coordinators and/or executive to conduct patrols, communication as required to fulfill the programs objectives, and distribution of names and phone numbers among members to allow coordinators and members to find a partner to pair with, if so authorized. This information will be kept private and confidential, and will not be distributed to non-members or agencies of the Citizens on Patrol Program unless legally bound to do so.

Personal Information:

Name: _____
Last First Middle

Current Address: _____ Postal Code: _____

Home Phone Number: _____

Cell Phone Number (Optional): _____

Email Address (Optional): _____

Patrol Requirements:

1) Do you have access to a vehicle to conduct patrols? Yes ☐ No ☐

2) Do you, or will you, have a COPP trained partner to patrol with once you are trained? Yes ☐ No ☐
(e.g.: Spouse or friend taking the training at the same time as you, or is already trained.)

If you answered No to question 2, please circle all partner requirements that apply to you.

Smoker, Non-smoker, Male, Female, Bicycling Partner, Walking Partner, Partner with own vehicle

If you answered **Yes** to question 2, please supply the name(s) of your partner(s)

First Partner Name: _____
Second Partner Name: _____
Third Partner Name: _____
Fourth Partner Name: _____

Authorization:

Do you authorize the coordinators or executive to give your name and telephone number to another member of the East St Paul Citizens on Patrol Program to partner with that member? This will be done on an individual, as required, basis to provide individuals without partners the opportunity to patrol. No lists will be distributed.

Yes ☐ No ☐

Signature: _____ Date: _____