FORT WORTH POLICE DEPARTMENT

CITIZENS ON PATROL APPLICATION

Please print the following information

Date:_____

Name:_____

Race:_____ Sex:_____ Date of birth:_____

Driver's license number:_____

Home address:_____

City:_____ Zip code:_____

Home phone:_____

E-mail address:_____

Work address: _____ Occupation:_____

City:_____ Zip code:_____

Work phone:_____

- How did you hear about the Citizens On Patrol (COP) program? _____

_____

- Why do you want to join the COP program? _____

_____

_____

- Have you ever been arrested or convicted of a crime? (circle one) **Yes** **No** (If "Yes" explain)

_____

_____

- Provide the names, addresses and phone numbers of two references:

1. _____

2. _____

Applicant's Signature X:_____

Division (check one)	
___ North	___ South
___ East	___ West

Shirt size (check one)			
___ Small	___ Medium	___ Large	___ X Large
___ 2X Large	___ 3X Large	___ 4X Large	___ 5X Large

FOR DIVISION USE ONLY

Division:_____ NPD:_____ NPO:_____

10-29 check: _____ SCRAM check: _____ Criminal history check (circle one): Attached None

X:_____ Date:_____

Signature of NPD Commander / Supervisor approving application

(revised 01/31/05)