COPP
CITIZENS ON PATROL PROGRAM

Manitoba Citizens On Patrol Program – Volunteer Application

Name: _____
First Last Middle Initial

Mailing/Street Address: _____

Town/City: _____ Postal Code: _____

Home Phone Number: _____ Work Phone Number: _____

Email: _____

I am applying to be a volunteer with: _____
Group Name

Patrol time preferred: ☐ Day ☐ Evening ☐ Night

Please check the size of t-shirt you require:

☐ Medium ☐ Large ☐ X-Large ☐ XXL ☐ XXXL

_____ _____
Signature of Applicant Date

The information provided will be used for COPP purposes only.