

Citizen Observers Program(COP)

Registration Form



VOLUNTEER REGISTRATION FORM

Volunteer Citizen Observers Program

The identifying information requested is necessary to conduct a background investigation. Please do not leave any blank spaces. Due to the limited number of proactive slots for this program, please be as thorough and detailed as possible when completing this document. Use additional paper and/or attach a resume if you desire.

Full Legal Name: _____

Street Address and City: _____

Date of Birth: _____ Birthplace: _____

Hair Color: _____ Eyes: _____ Height: _____ Weight _____ Race: _____

Driver's License Number and State: _____

Phone:() _____ - _____ (Home) Male Female

Phone:() _____ - _____ (Work)

Phone:() _____ - _____ (Cellular)

Phone:() _____ - _____ (Pager)

Phone:() _____ - _____ (Fax)

Phone:() _____ - _____ (Emergency Contact)

Emergency Contact Name: _____

Approximate Availability: _____

Special Skills: Foreign Language? _____ Typing: _____

Word Processing: _____ Public Speaking: _____ Data Entry: _____

Vessel Handling: _____ ATV Operation: _____ Cell Phone: _____

Two-way Radio: _____ Other: _____

Please list and all professional certifications held (attach copies):

List highest level of education and college degrees obtained (attach copies of diplomas):

List and describe in detail any personal equipment owned that you would be willing to use if selected for membership in the program:

(1) _____

(2) _____

(3) _____

(4) _____

Are you willing to testify in court or otherwise bear witness in investigations/proceedings involving possible criminal or municipal code violations?

Have you served in the military of the United States?

If so, in what capacity (attach copy of DD 214)?

Were you honorably discharged?

Have you served as a police officer?

If so, in what capacity and where?

Do you swear that the responses you have provided on this registration form are true and correct? _____

Signature of Prospective Volunteer _____

Sworn to and subscribed before me this ____ of _____, 19____.

Notary Public

Return this form to the Office of the Chief of Police, Cocoa Beach Police Department, P.O. Box 322430, Cocoa Beach, Florida 32932-2430. It can also be returned in person to the lobby of the Cocoa Beach Police Department. For more information on the volunteer program, contact the Cocoa Beach Police Department Officer at 868-3251.

FOR OFFICE USE ONLY

INTERVIEW DATE:	
INTERVIEWER:	

