Logan Lake Citizen on Patrol



Logan Lake, British Columbia C/O Box 160, Logan Lake, BC, V0K1W0

Logan Lake Citizens on Patrol (COP) Volunteer Registration Form

Surname	Given Name
Address	
Phone numbe	erEmail Address
Please check a	all boxes that apply:
	I am older than 19
	I have read and understood the Citizens on Patrol Volunteer Description, and have read and accept the COP Code of Conduct
	I consent to disclosing a Police Information Check and current driver's abstract
	I have a valid BC Driver's license that is at least Class 5
	I have a cell phone (not mandatory to have a cell phone)
	I am willing to commit to a minimum of 2 hours per month (1 shift per month) plus orientation and further training as required
	I have previously been an RCMP volunteer, or a police, or peace officer. If yes, please describe the position, when and where you were active

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What do you hope to accomplish as a COP Volunteer?						
Do you	have any questions al	oout being a COP Volu	nteer?			
I prefer the following times to do my shift: (please check all boxes that apply) Morning shift Afternoon shift Evening shift						
I prefer the following days to do my shift: (please check all boxes that apply)						
	Monday	Tuesday	Wednesday	Thursday		
	Friday	Saturday	Sunday			
Applicant Signature:						
Date: _						

Drop off completed and signed form to the Logan Lake RCMP detachment, 2 Galena Ave, Logan Lake, BC