



Citizens on Preventive Patrol Volunteer Application

Name: _____
(Last) _____ (First) _____ (Middle) _____

Address: _____
(Street) _____ (City) _____ (State) _____ (Zip Code) _____

Phone Number: _____ Email Address: _____

Social Security #: _____ Driver's License #: _____

Car Insurance Company and Agent: _____

How did you hear about the COPP program? _____

Do you have any previous volunteer experience? _____

Why do you want to become a COPP? _____

Are you able to perform all the essential functions? Yes _____ No _____

If no, please explain _____

What days and times would you be most available? _____

Would you submit to having a background check run on you? Yes _____ No _____

Would you submit to taking a polygraph? Yes _____ No _____

Would you submit to a drug screen test? Yes _____ No _____

Applicant Signature: _____ Date: _____

Thank you for your interest in the Beavercreek Police Department's COPP program. Please submit your completed application to Sergeant Kris Brownlee at brownleek@beavercreekohio.gov or in-person at the Beavercreek Police Department, located at 1388 Research Park Dr. Beavercreek, Ohio 45432.