



## 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](mailto:brownleek@beavercreekohio.gov) or in-person at the Beavercreek Police Department, located at 1388 Research Park Dr. Beavercreek, Ohio 45432.