



**Citizens On Patrol**

Please print the following information

Burlison Police Department  
**Citizens On Patrol Application**

<b>Have You Graduated a Burlison PD Citizens Police Academy?</b>	<b>Yes / No</b>
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Date: \_\_\_\_\_

Name: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Provide the names, addresses and phone numbers of at least 2 references (not living with you):

1. \_\_\_\_\_

2. \_\_\_\_\_

Have you ever been arrested or convicted of a crime (circle one)      **Yes**      **No** (If "Yes" explain)

Why do you want to join the COP program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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I certify that the information contained in this application is correct to the best of my knowledge and I understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal as a volunteer for the COPS program with the Burleson Police Department.

To assist in verifying the statements in this application for employment, I hereby give permission to any agency, bureau, department, physician, hospital, clinic, business, or person whomsoever to furnish to the inquiring entity, it's agents, investigators, or employees, full and complete information about any of the matters contained in this application, including, but not limited to, any and all criminal history records information, medical information, and educational records from whatsoever source. And in consideration of the investigation of my application for my participation, I hereby release anyone furnishing any such information and to the inquiring entity, it's agents, investigators or employees from any and all liability which may or could result from the divulgence of such information or the use thereof.

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

**Local Records Check**

Clear \_\_\_\_\_ Not Clear \_\_\_\_\_ Reason: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Checked by: \_\_\_\_\_

**DL/Warrant Check**

Clear \_\_\_\_\_ Not Clear \_\_\_\_\_ Reason: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Checked by: \_\_\_\_\_

**Criminal History Check**

Clear \_\_\_\_\_ Not Clear \_\_\_\_\_ Reason: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Checked by: \_\_\_\_\_

STATUS:      APPROVED                  NOT APPROVED                  (Circle One)

Final Approval:

\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Date