



Application Citizens on Patrol Program (COPP)

Questions can be directed to the Kindersley R.C.M.P. Detachment at (306) 463-4642 or the Town of Kindersley Administration Office, 306-463-2675 Email: kim.v@kindersley.ca

Name of Applicant: _____
LAST Name *FIRST Name* *MIDDLE Name*

Birthdate: _____ Please Circle: Male / Female
Day / Month / Year

Physical Address of Applicant:

Number *Street Name* *Easte/West/Rosedale*

Mailing address (if different from above):

Number *Street Name* *City* *Province* *Postal Code*

Telephone number: _____ Email: _____

CITIZENS ON PATROL MANDATE

- To act as extra eyes and ears for the local R.C.M.P. and the Town of Kindersley
- To promote and encourage the reduction of “Crimes of Opportunity” within the community.
- To monitor and report all suspicious situations, activities or circumstances.
- To promote, encourage and stimulate the social welfare of the Town of Kindersley by recruiting volunteer members that want to devote their time and energy to the program.
- All members will have a high standard of integrity and aim to make our community a safe place to live and work.

I authorize for the Kindersley R.C.M.P. Detachment to complete a Canadian Criminal Record Check on myself

I agree to the Citizens on Patrol Mandate

I agree to sign an Oath of Confidentiality Form

Briefly Describe Why You Want To Volunteer For The Program:

Dated at the Town of Kindersley this Day of _____, 20_____

Signature _____ Print Name _____