

APPLICATION FOR SENIORS ON PATROL PROGRAM



Name: _____

Address: _____

Phone Number: _____ Cellular Phone _____

Date of Birth: _____ Driver's License Number _____

E-mail address: _____

Requirements- please circle yes or no

Can you operate a cellular phone? Yes or No

Are you willing to comply with confidentiality requirements and police procedures? Yes or No

Are you willing to follow all policies and procedures of this program? Yes or No

Are you willing to follow instructions and take direction from paid staff? Yes or No

Are you retired? Yes or No

Training and preparation- Participation in 5 class S.O.P. training is required to participate in this program. Participants must pass a background check and are encouraged to attend Frankfort's Citizen's Police Academy.

Waiver

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history deemed necessary for consideration to be in the seniors on patrol program.

Signature _____ Date _____