



FORT WORTH POLICE DEPARTMENT  
CITIZENS ON PATROL APPLICATION

Please print the following information

Date: \_\_\_\_\_

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

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Work address: \_\_\_\_\_ Occupation: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Work phone: \_\_\_\_\_

- How did you hear about the Citizens On Patrol (COP) program? \_\_\_\_\_

- Why do you want to join the COP program? \_\_\_\_\_

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

- Provide the names, addresses and phone numbers of two references:

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

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

**Applicant's Signature X:** \_\_\_\_\_

Division (check one)	
<input type="checkbox"/> North	<input type="checkbox"/> South
<input type="checkbox"/> East	<input type="checkbox"/> West

Shirt size (check one)			
<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X Large
<input type="checkbox"/> 2X Large	<input type="checkbox"/> 3X Large	<input type="checkbox"/> 4X Large	<input type="checkbox"/> 5X Large

**FOR DIVISION USE ONLY**

Division: \_\_\_\_\_ NPD: \_\_\_\_\_ NPO: \_\_\_\_\_

10-29 check: \_\_\_\_\_ SCRAM check: \_\_\_\_\_ Criminal history check (circle one): Attached None

**X:** \_\_\_\_\_ Date: \_\_\_\_\_

Signature of NPD Commander / Supervisor approving application