

## BROWARD SHERIFF'S OFFICE CITIZEN OBSERVER PATROL MEMBER APPLICATION FORM



Last (Family) Name:			First Name:			Full Middle Name(s):	
BSO District Applying To: Maid			Maiden I	aiden Name:		Previous Names:	
Race:	Sex:	Date of Birth:		Social S	Security Number:	Height & '	Weight:
Emergency Contact ®	Name:	Address:		Telephone number(s):			
Address in Florida ☞	Street/Apartment:			City/Zip Code:			
Telephone Numbers ™	Home: Office:		e:	Others (cellular/pager/etc):			
Driver's License ℻	State/Provin ce Issued: Driver's License Number:		Driver License(s):				
Do You Having Any Driving Restrictions? ☐ Yes ☐ No If "Yes," Explain:  Have you ever been arrested? Yes No If "Yes," explain:			been sted? s No If	Do you have any physical defects, handicaps, or other disabilities which could affect you as a COPs volunteer? Yes No If "Yes," explain:			
I hereby certify that all statements made by me on this application are true, complete, and correct to the best of my knowledge. I understand that a background check will be made upon submission of this application. I understand that any criminal conviction, any previous actions which may reflect unfavorably upon the Broward Sheriff's Office, any attempt to deceive or conceal pertinent information, or any suggestion I may be a security risk may be cause for membership denial or dismissal. I give full and unqualified permission to the Broward Sheriff's Office to make any and all inquires into my present and past personal and business status as may be deemed necessary in the interest of the Sheriff's Office and my appointment therein. I understand the Broward Sheriff's Office Citizen Observer Patrol is a volunteer organization and I will receive no compensation for membership.							
Applicant Signature:					Today's Date:		
Background/License Pr Checked by:		Print Tit	rint Title & Name:		Signature & CCN	l:	Date:
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Use reverse for additional information from boxes. Applicants return this form to their respective district coordinator/office. Applicants or processors should attach a photocopy of the driver's license or other identification to this form.

COP #20 (New 11/96)