



BROWARD SHERIFF'S OFFICE CITIZEN OBSERVER PATROL MEMBER APPLICATION FORM



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|--|------------------------|---|------------------|--|------------------|
| Last (Family) Name: | | First Name: | | Full Middle Name(s): | |
| BSO District Applying To: | | Maiden Name: | | Previous Names: | |
| Race: | Sex: | Date of Birth: | | Social Security Number: | Height & Weight: |
| Emergency Contact 📞 | Name: | Address: | | Telephone number(s): | |
| Address in Florida 📍 | Street/Apartment: | | | City/Zip Code: | |
| Telephone Numbers 📞 | Home: | Office: | | Others (cellular/pager/etc): | |
| Driver's License 📄 | State/Province Issued: | Driver's License Number: | | Telephone Number(s): | |
| Do You Having Any Driving Restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," Explain: | | Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," explain: | | Do you have any physical defects, handicaps, or other disabilities which could affect you as a COPs volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," explain: | |
| <p>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.</p> | | | | | |
| Applicant Signature: | | | Today's Date: | | |
| Background/License Checked by: | Print Title & Name: | | Signature & CCN: | Date: | |

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.