



CINCINNATI POLICE DEPARTMENT

CITIZENS ON PATROL PROGRAM APPLICATION FORM



PLEASE PRINT OR TYPE CLEARLY

APPLICATION MUST BE FULLY COMPLETED TO PARTICIPATE IN PROGRAM

NAME*[FIRST, MI, LAST]:		
CURRENT STREET ADDRESS*:		STATE:
		ZIP CODE:
PREVIOUS STREET ADDRESS*:		STATE:
		ZIP CODE:
HOME PHONE*:	CELL PHONE / PAGER:	WORK PHONE:
DRIVERS LICENCE #:	STATE ISSUED:	DATE OF EXPIRATION:
EMAIL ADDRESS:	NEIGHBORHOOD:	
EMPLOYER:		
PREVIOUS STREET ADDRESS*:		STATE:
		ZIP CODE:
SUPERVISOR:		PHONE :

* Application cannot be processed without this information

I understand that as a requirement for membership in the Cincinnati Police Department's Citizens On Patrol Program, I must truthfully complete and submit this application form.

As part of the application process, I understand that I will also be required to complete and submit a Cincinnati Police Department Personal Information Release (Form 580), which authorizes the release of any traffic and/or criminal convictions contained in my police record.

Failure to complete either will result in my removal as a candidate for the Citizens On Patrol Program.

X

Applicant's Signature

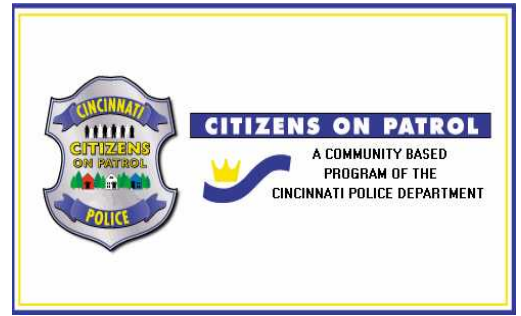
Date Signed

(Do not write below this line – OFFICE USE ONLY)

NEIGHBORHOOD	RCIC DATE	RCIC OFFICER
CLASS ASSIGNED	ATTENDED	

Dear Citizen on Patrol Applicant:

Thank you for the interest you have taken toward making your community a safer place to live and work. Applicants must complete all parts of this form and return it to the Citizens on Patrol Coordinator in order to be considered for the program.



FORM 580 ■ EFC

CINCINNATI POLICE DIVISION

Revised 1/85

PERSONAL INFORMATION RELEASE FORM

PLEASE PRINT ALL INFORMATION (EXCEPT YOUR SIGNATURE):

FULL NAME: _____
(First) (Middle) (Last) (Maiden)

SEX: _____ M _____ F RACE: _____ SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

ADDRESS: _____

I hereby authorize the Cincinnati Police Department to release any information regarding my traffic or criminal convictions that are on file with the Cincinnati Police Records Unit. I hereby release the Cincinnati Police Division (the custodian of such records) and any other governmental agency, including their officer, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it. The authorization is void if not exercised within one (1) year from the date of signing. Should there be any question as to the validity of this release, you may contact me as indicated below:

(Signature)

(Date Signed)

(Signature of Parent/Guardian, if required)

(Date Signed)

Telephone Numbers: _____
(8:00 A.M. to 5:00 P.M.)

(Other Times)

RETURN THE FULLY COMPLETED APPLICATION
AND THE PERSONAL INFORMATION RELEASE (FORM 580) TO:

CINCINNATI POLICE DEPARTMENT
CITIZENS ON PATROL PROGRAM COORDINATOR
310 EZZARD CHARLES DRIVE
CINCINNATI, OHIO 45214-2805