

**Alvin Citizen's Patrol Academy Alumni Association
Citizen Patrol Unit
Volunteer Application**

Name: _____
 Last **First** **Middle** **(Maiden)**

Address: _____ **DOB:** _____
 Street **City** **State** **Zip**

Phone: _____ **DL#:** _____
 Home **Cell** **Work**

Employer: _____ **CHL#:** _____

What experience do you have that you believe will help you in volunteering for this program and why?

What skills or abilities do you possess that the C.P. program will benefit from if you are accepted?

For what reason do you want to be accepted into this program?

How did you become aware of the C.P. program?

I hereby authorize the ACPAAA and the Alvin Police Department to conduct a security screening as they deem necessary to approve or reject this application. Further, I understand that the Alvin Police Department will have the final decision in approving or rejecting this application. The decision and method at arriving at such a decision will not be questioned or objected to by me. Also, I will have no grievance against the Alvin Police Department or the ACPAAA in this respect.

Signature: _____

Date: _____

Printed Name: _____