



APPLICATION FORM



CITIZENS ON PATROL PROGRAM

Application Form

February 2025

Name of Applicant: SURNAME & MAIDEN NAME, if applicable Given Name Middle Name

Home Address: Apt No. & Street Address City/Town Province Postal Code

Contact Information: Home Telephone Cellular Number Email Address

I have read and will abide by the MOU w/ RCMP: Initial Here Date

Driver's Licence No: Operator Licence Number Province Expires

Vehicle Information: Year Make Model Colour Licence Province

Next of Kin: Full Name Telephone Number
 Member Group Use Only

Criminal Record Check: Date Completed Completed by (name) Signature

Law Enforcement Member Recommendation: Yes No Date Name

Basic Training: Date Trained By

Approved: Yes No Comments/Supporting Documents Attached

ID Card Issued: Date Issued by Comments

ID Card Returned: Date Received by Comments

The personal information that you provide on this form is being collected under the authority of the Freedom of Information Act of Alberta (FOIA). It will be used by the Alberta Citizens On Patrol Association to ensure the suitability of candidates for the program. This information may be disclosed to the Royal Canadian Mounted Police (RCMP). This information will be protected in compliance with the provisions of the FOIA Act. This information will be retained in accordance with approved Records and Information Management policies of the RCMP, while you are a member of Citizens On Patrol; after which it will be destroyed in a secure manner. You may have other rights under the Personal Information Protection Act of Alberta (PIPA). If you have any questions about the collection and use of this personal information, please contact ACOPA.



1. CONSENT FOR CRIMINAL RECORD / BACKGROUND CHECK

I hereby authorize and give my consent to the RCMP, or my local police service, to make such investigations as they deem necessary to determine the approval or disapproval of this application.

I understand and accept that the RCMP, or my local police service, in concert with my local Citizens On Patrol Society will have the final say in the approval or rejection of this application. Further, I understand and accept that the criteria or method of arriving at such decisions will not be questioned or objected to by me, and that I will have no grievance against the RCMP, or my local police service, or my local Citizens On Patrol Society.

2. CODE OF CONDUCT

Alberta Citizens On Patrol Association and my local Citizens On Patrol Society. And, without restricting the foregoing, I understand that I MUST:

- Act in a professional manner at all times, fulfilling my duties and obligations with integrity and competence;
- Respect the confidentiality of all persons and information within the patrol, community, and local police;
- Notify my insurance company that I will be participating in a patrol and ensure I am properly covered, should I be involved in an accident;
- Use my Citizens On Patrol identification only when reporting in at checkpoints or when requested to produce it by a member of my local police service
- Maintain a valid drivers licence and current registration for my vehicle if I am the driver;
- Never go out on patrol alone;
- Not use any knowledge gained through my service for financial gain or profit;
- Not solicit or accept any gratuities for services provided through the patrol;
- Not take an untrained or unauthorized person on patrol, i.e. family or friends;
- Not carry or use any weapons while on patrol. I will not carry handcuffs, zip ties or other restraint devices.
- Not pursue any vehicle or persons;
- Not be involved in criminal behaviour; and
- Not carry a dog, or any other pet in the vehicle, especially one which may appear as vicious.

I understand and agree that if accepted into the membership of my local Citizens On Patrol Society that the RCMP, or my local police service, or my local Citizens On Patrol society may terminate my membership at anytime if I do not maintain the membership standards, requirements, or code of conduct. If I am charged with a Federal or Provincial offence (other than Traffic) I will immediately inform the Detachment Commander of the area I am volunteering in.

3. DECLARATION OF CONFIDENTIALITY

I do solemnly declare that I will not disclose to any person outside the RCMP, or my local police service, any information of which I may gain through my participation with the Citizens On Patrol program without authorization from the RCMP, or my local police service.

4. AGREEMENT TO CONSENT FOR PUBLICATION

I do declare that prior to publishing any article or other material containing information of which I may become possessed through my participation in the Citizens On Patrol program, I will submit same for review by the RCMP, or my local police service, for their approval and consent to publish.

5. WAIVER OF CLAIM

I further agree, being at the age of majority, in consideration of my participation with the Citizens On Patrol program, I hereby absolve and save harmless the RCMP, or my local police service, from all liabilities, causes of action, damages or otherwise for personal injury or loss of or damage to property, however caused, by or resulting from participation in the Citizens On Patrol program.

6. WITNESS AGREEMENT

I fully understand that, as a result of my participation with the RCMP, or my local police service, in this Citizens On Patrol program, I may be required and hereby agree to testify as a witness in future proceedings and that I may also be required and hereby agree to provide a statement and /or a detailed written account of my observations and actions in that regard. I also recognize and hereby agree that these written statements and/or accounts are subject to release to the defence counsel of an accused person where they are relevant to that person's defence in a related criminal proceeding.

7. INSURANCE

I understand that I will be using my own transportation. Upon successful completion of this application, I also understand that it is my responsibility to notify my insurance company that I will be participating in a patrol and ensure that I am properly covered, should I be involved in an accident.

DATED THIS _____ day of _____, _____ A.D., at the _____ (city, town, village, etc.)
of _____, in the Province of Alberta.

Signature of Applicant

Signature of Witness