



Kenneth D. Johnson
Chief of Police

(503) 674-6200
 FAX (503) 492-4859

1300 N.E. Village St., Fairview, OR 97024

INTEGRITY - PROFESSIONALISM - PARTNERSHIP - INNOVATION - COMMUNICATION - EMPOWERMENT

APPLICATION FOR CITIZENS ON PARK PATROL (COPP)
(Must be 18 years of age or older to apply)

Date of Application: _____

Name: _____

Home Address: _____

City: _____ **State:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Email Address: _____

Date of Birth: _____

Place of Birth: _____

Face Book or Other Social Media Sites You Have: _____

CURRENT EMPLOYER		DATES EMPLOYED	From:	To:
ADDRESS				
CITY/STATE/ZIP	City:	State:	Zip:	
TELEPHONE		SUPERVISOR:		
CO-WORKER		CO-WORKER:		
JOB TITLE/DUTIES				
DISCIPLINARY ACTION-if any (explain)	_____ _____ _____			

Have you ever been involved in a motor vehicle accident? Yes_____ No_____

DATE	LOCATION	INJURY?	POLICE INVESTIGATION/AGENCY
		YES / NO	YES / NO
		YES / NO	YES / NO
		YES / NO	YES / NO

PERSONAL REFERENCES

List two (2) references, not related by blood or marriage, and not employers or supervisors, who are responsible adults of reputable standing in their community, who have known you for at least three years. Please provide complete addresses and phone numbers.

NAME	Last:	First:	Middle:
ADDRESS			
CITY/STATE/ZIP			
TELEPHONE	Home:	Cellphone:	YEARS KNOWN

NAME	Last:	First:	Middle:
ADDRESS			
CITY/STATE/ZIP			
TELEPHONE	Home:	Cellphone:	YEARS KNOWN

ARREST RECORDS (Complete all areas)

Have you ever been arrested or charged with any criminal violation? Yes_____ No_____

DATE	LOCATION	CHARGE	FINAL DISPOSITION

TRAFFIC RECORD

Has your driving privilege ever been suspended? Yes: _____ No: _____

If yes what state was your license suspended or revoked? _____

List **all** traffic infractions and citations (except parking)

DATE	LOCATION	CHARGE	FINAL DISPOSITION

List all states you have been issued a driver's license:

- 1. _____
- 2. _____
- 3. _____

AFFIRMATION

I hereby swear or affirm that there are no willful misrepresentations or omissions in, or falsifications of, the preceding statements and answers. I am aware that should an investigation disclose such misrepresentations, omissions, or falsifications in any documents I submit, or statements I make as part of the application process, my application will be rejected and I will be disqualified from applying for any future position in the service of the Fairview Police Department. If, after my acceptance as a COPP Volunteer, subsequent investigation should disclose misrepresentation, omission, or falsification, it will be just cause for my immediate dismissal.

Dated this _____ day of _____, 20____

Signature

Note: Go to next page and answer supplemental question.



POLICE DEPARTMENT
1300 N.E. Village St., Fairview, OR 97024

AUTHORIZATION FOR RECORDS CHECK- COPP VOLUNTEER

The City of Fairview performs criminal history checks on the suitability of new personnel due to the nature and sensitivity of certain programs and work. This standard equally applies to volunteers and City employees. Volunteers are treated with the same seriousness given to paid City staff. Successful completion of a records check is a qualification to volunteer or work in specified programs of the City of Fairview Police Department.

Do we have your approval to administer a records check? _____ Yes _____ No

Name _____ Phone _____

Address _____

Other States you have lived in: _____

Date of Birth _____ SS# _____

Driver's License # _____

Do you currently have automobile insurance? _____ Yes _____ No

If yes, list name of insurance company _____

I certify that all information given in this volunteer application is true and correct. I understand a background check will be performed and I release the City of Fairview from any liability whatsoever for obtaining this information.

Applicants signature _____

Date _____

For Office Use Only:

Date Application Received _____

Cleared: Yes _____ No _____

Staff Approval: Records/Police _____



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City of Fairview Volunteer Contract and Confidentiality Agreement

As a Citizen on Park Patrol (COPP) Volunteer, I agree to the following Guidelines: (Initial each line)

_____ I will observe and comply with the personnel rules and regulations of the Fairview Police Department and the rules, regulations, orders, policies and procedures as they may apply, exist or may be amended.

_____ I will keep all information that I hear or read, while working at the police department confidential. This includes criminal history or arrest information or any details about investigations. I understand this means I cannot disclose this information to anyone outside the police department including my immediate family, except as is necessary to fulfill my role as a police chaplain.

_____ I will not give out news releases or press releases regarding City matters without prior approval from City staff.

_____ I will operate the Yamaha Rhino as trained and instructed. I understand that I can only use the police radio to log into service and out of service or for a true emergency where there is legitimate potential for physical harm to a human being. I further understand that misuse of the police radio is grounds for immediate dismissal from the COPP Volunteer Program.

_____ I understand I am to observe and report. I am not allowed to intervene or take any action while patrolling Fairview City Parks other than to report what I observe.

I understand my services as a COPP Volunteer does not confer on me the status of a City employee. I understand violation of any of the guidelines may result in immediate dismissal.

Applicant's Signature: _____ Date: _____

For office use only

Date application received _____ Approved Date _____

Signature Chief of Police _____ Date _____