



CITIZENS ON PATROL APPLICATION

Community Policing Unit
Belize Police Department
Police Headquarters
Belmopan City, BELIZE

TEL: (501)-802-2220/21/22

EMAIL: oc.community@police.net.bz

FAX: (501)-822-3291

REF: GEN/01/2014 ()

Name of Applicant

Last Name _____ First Name _____

Middle name _____ Race _____ Sex _____

Address

House No. _____ Street Name _____ Village, City, or District _____

Date of Birth: Month _____ Day _____ Year _____

Place of Birth: Village, District _____ City _____

Contact Information: Home Telephone No. _____ Cell No. _____

Email _____

Place of Employment _____ Name of Business _____

Supervisor _____ Telephone No. _____

Driver License: Sr. No. _____ Class _____ Expiration Date _____

Vehicle Information: Year _____ Make _____ Model _____

License Plate No. _____ Insurance _____

Emergency Contact: Name _____ Telephone No. _____

Days Preferred

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Weekends _____ Anytime _____

Hours preferred

Morning 8:00AM – 12:00MD _____ Afternoon 1:00PM – 5:00PM _____
Evening 5:00PM – 9:00PM _____ Night 9:00PM – 1:00AM _____
Anytime _____

Please explain why you are interested in being part of Citizens on Patrol.

Have you ever been arrested or convicted of any crime? Yes No

If yes, explain _____

I will abide by all Citizens on Patrol Policies and Procedures.

Date _____ Signature of Applicant _____

For Police Use Only

Formation _____

Signature of Commander/ Approving Applications.

_____ Date: _____