

ONTARIO CITIZENS ON PATROL

The Citizens on Patrol volunteers are only eyes and ears for the public safety agencies. Members are encouraged to join this group to assist law enforcement and fire departments in an effort to deter crime while serving their families, neighbors and the community.

CRITERIA FOR PROSPECTIVE MEMBERS

1. Must be 21 years or older.
2. Must pass a background check.
3. Must attend all training sessions.
4. Must be able to keep confidential information.
5. Must understand that you are representing public safety agencies and act accordingly.

DUTIES INCLUDE:

1. Patrolling residential areas in pairs looking for unusual and suspicious behavior.
2. Checking on businesses after hours.
3. Observing school bus areas.
4. Putting up barricades for parades.
5. Enforcing fire and handicap lanes.
6. Performing well-being checks on senior citizens and handicapped individuals.
7. Driving by the homes and property of people on vacation.
8. Providing extra security at sporting and special events.
9. Directing traffic.
10. Performing other requests from public safety agencies.

Members are not expected to perform everything but are encouraged to contribute wherever they can.

APPLICATION

An application is attached. All interested individuals throughout the county, please fill out the form and mail or drop it off at C.O.P., Ontario City Hall, 444 SW 4th Street, Ontario, OR 97914.

For more information contact Verna Pike at 541-881-3263 or e-mail VJPike@yahoo.com

CITIZENS ON PATROL APPLICATION

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone numbers: Home _____ Cell _____ Work _____

E-mail (please print clearly): _____

Driver's License Number: _____ Date of Birth: _____

Have you ever been arrested for a misdemeanor or felony? _____ If yes, explain.

Employment History (more recent jobs, include retirement)

Business

Location

Availability (days, times): _____

I understand that I will be subjected to a background check. (Initial) _____

I understand that I am volunteering my time. (Initial) _____

I understand that confidentiality is important with the Citizens on Patrol. (Initial) _____

If chosen, I understand that I must attend all training sessions. (Initial) _____

Signature: _____ Date: _____

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