

Patroller Application
(Please Print)

Applicant's Name: _____

Date of Birth: _____

Second Applicant: _____

Date of Birth: _____

Street Address: _____

Home Telephone: _____

Listed: Yes () No ()

Work Telephone: _____

Additional Contact Numbers: _____

Vehicle Information

Make Model Color License Plates

Primary Vehicle: _____

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Second Vehicle: _____

Third Vehicle: _____

All information will be kept confidential and used only by the Garden Oaks Citizens Patrol Program.

Applicant Signature: _____

Date: _____

Second Applicant Signature: _____

Date: _____

HPD Training Completed: _____

Ride-a-long completed: _____

Manuel Issued: _____

Signs Issued: _____

Hat Issued : _____

Shirt Issued: _____

Jacket Issued: _____

400-hour helicopter ride: _____