



CITIZENS ON PATROL

“Community in Partnership with Law Enforcement”

We Need You!!!

The Palm Springs Police Department, Citizens On Patrol program is seeking new members. If you are interested in helping your community in a fashion that truly matters, this program may be for you. You will work side by side with law enforcement officers serving the welfare and safety of the citizens of Palm Springs. You will receive specialized training in many areas of law enforcement and will patrol the streets of the City.

MEMBERSHIP REQUIREMENTS

- ✓ Complete the Palm Springs Police Dept. Citizens Police Academy
- ✓ Hold a valid Driver License
- ✓ Pass an oral panel review
- ✓ Pass a background check

If you are interested in becoming a member of this highly respected organization, please fill out the attached application and forward to:

Office Manager, Citizens On Patrol

Palm Springs Police Department

P.O. Box 1827

Palm Springs CA, 92263-1827

760-323-8149

Sgt. Arnold Galvan
Program Coordinator

About the program

Thank you for your interest in becoming a Citizens On Patrol member with the Palm Springs Police Department. As a C.O.P. it is necessary for you to have good driving skills, good hearing and eyesight and be able to stand on your feet for several hours, sometimes in extreme heat. You will be provided a uniform shirt with Department and C.O.P. badges. You must purchase the balance of the required uniform.

C.O.P. members must be capable of memorizing police codes and learn to transmit and receive instructions on a police radio. Safety issues are reinforced continually. You will always be with a partner when on patrol. You may not appear alone, in uniform, in public. You must commit to twelve hours of patrol per month. In addition, you may be asked to volunteer for various special events, emergencies and other incidents.

Once your application is received, you will be interviewed by C.O.P. staff members and Police Department personnel. If accepted, a background check will be completed by the Police Department investigators. Upon completion, you will ride along with C.O.P. trainers for two patrols to expose you to our duties. If you decide to continue, you will then begin a *minimum* of eight, six hour training patrols. Attendance at the monthly meetings is mandatory. Upon completion of your training patrols, you will officially become a member of the program. Completion of the Departments Citizens Police Academy is required within one year.

After completing the training program, you will be authorized to purchase your uniform. You must complete your uniform prior to your first regular patrol. During your first six months, you will only patrol with experienced members.

Please fill out the attached application and return it to the C.O.P. office. If you have any questions, please contact the C.O.P. Office Manager at 760-323-8149. Thank you for taking the time to read and consider the above information. We look forward to having you as a member of our organization and hope you have a rewarding experience as a C.O.P.

EXPERIENCE: BEGINNING WITH YOUR CURRENT OR MOST RECENT POSITION, LIST ALL POSITIONS YOU HAVE PREVIOUSLY HELD, INCLUDING MILITARY AND VOLUNTEER SERVICE. IF NECESSARY, USE ADDITIONAL SHEETS. PLEASE ACCOUNT FOR ANY TIME PERIODS OF SELF-EMPLOYMENT OR UNEMPLOYMENT.

JOB TITLE:		FROM:	TO:	TOTAL:
		MONTH / DAY / YEAR	MONTH / DAY / YEAR	YRS. / MOS.
NAME OF ORGANIZATION:	ADDRESS:		CITY:	STATE:
TYPE OF ORGANIZATION:	NAME & TITLE OF SUPERVISOR:		TELEPHONE:	
SPECIFIC DUTIES:				
REASON FOR LEAVING:				
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?				

JOB TITLE:		FROM:	TO:	TOTAL:
		MONTH / DAY / YEAR	MONTH / DAY / YEAR	YRS. / MOS.
NAME OF ORGANIZATION:	ADDRESS:		CITY:	STATE:
TYPE OF ORGANIZATION:	NAME & TITLE OF SUPERVISOR:		TELEPHONE:	
SPECIFIC DUTIES:				
REASON FOR LEAVING:				
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?				

JOB TITLE:		FROM:	TO:	TOTAL:
		MONTH / DAY / YEAR	MONTH / DAY / YEAR	YRS. / MOS.
NAME OF ORGANIZATION:	ADDRESS:		CITY:	STATE:
TYPE OF ORGANIZATION:	NAME & TITLE OF SUPERVISOR:		TELEPHONE:	
SPECIFIC DUTIES:				
REASON FOR LEAVING:				
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?				

HAVE YOU EVER BEEN A VOLUNTEER OR BEEN EMPLOYED BY THE CITY OF PALM SPRINGS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU SUBMITTED AN APPLICATION WITH THE CITY OF PALM SPRINGS IN THE LAST TWO YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE ANY RELATIVES A VOLUNTEER OR EMPLOYED BY THE CITY OF PALM SPRINGS? (PLEASE GIVE NAME, DEPARTMENT AND RELATIONSHIP IN SPACE PROVIDED BELOW)	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR MISDEMEANOR OTHER THAN A PARKING VIOLATION? (A CONVICTION IS NOT NECESSARILY A BASIS FOR DISQUALIFICATION FOR A POSITION)	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN DISMISSED OR RELEASED FROM A VOLUNTEER ASSIGNMENT/EMPLOYMENT OR HAVE YOU EVER RESIGNED TO AVOID DISCHARGE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF THE ANSWER IS "YES" TO ANY OF THESE QUESTIONS, PLEASE EXPLAIN IN DETAIL IN THIS SPACE.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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CERTIFICATE OF APPLICANT: I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS OF MATERIAL FACT WILL SUBJECT ME TO DISQUALIFICATION OR DISMISSAL FROM ANY VOLUNTEER PROGRAM.

SIGNATURE _____ **DATE** _____



Department of Human Resources Authorization for Release of Information

Position Applying for: Citizens on Patrol

Name: _____		
Last	First	Middle
Social Security Number: _____		Date of Birth: _____

DRUG SCREENING and BACKGROUND AUTHORIZATION AND RELEASE

I understand that in order for me to be considered for employment by the City of Palm Springs, I must submit to a pre-employment physical and drug screening that consists of a urine test to determine the presence of illegal drugs. I will be asked to submit to this test after contingent offer of employment has been extended to me. I understand that if the results of this test are positive, the contingent offer of employment will be withdraw and I will not be considered further for employment by the City of Palm Springs.

I hereby agree to submit a urine sample as part of my pre-employment drug test and I consent to the submission of the sample to a certified medical laboratory where it will be tested for the presence of illegal drugs. I authorize any physician, hospital, laboratory, or medical center to release the test results to the City of Palm Springs. I hereby release any physician, hospital, laboratory, or medical center and any employee of the above from all liabilities arising from the release of such information to the City of Palm Springs.

I, _____, hereby authorize the City of Palm Springs ("City"), or any agent of said entity, to conduct an investigation, and to contact, obtain, verify and exchange information with any of my previous employers, schools or educational institutions, companies, corporations, credit bureaus, the United States Veterans' Administration, the Military National Personnel Record Center, the Department of Motor Vehicles, law enforcement agencies, local, state or federal agencies, and persons to supply any information concerning my character, general reputation, personal characteristics, and mode of living (either orally or in writing). I understand this notice is valid for up to one year from the below date for hiring purposes.

This background investigation shall be conducted by the City of Palm Springs, CA P.O. Box 2743, 92263. Upon request made directly to ADP Screening and Selection Services. ADP will make all of its files regarding me available for visual inspection. If copies are requested, I must provide proper identification (including a driver's license number, social security account number, military identification card or credit card) and reasonable copying fees. I may also request a summary of the files over the telephone as long as I provide proper identification.

As part of the background investigation, ADP will be gathering public records information such as convictions, civil judicial actions, tax liens, or outstanding judgments. I understand that according to the California Investigative Consumer Reporting Agencies Act, I am entitled to receive a copy of the background report conducted on me within three business days of City receiving it.

By checking the "yes" box below, I am requesting that the background investigation agency retained by the City send me a copy of the report within three business days of sending the report to City. **I acknowledge that I will not receive a copy of the report unless I check the "yes" box below.**

_____ (Initial) **Yes**, Please send me a copy of my background report.

_____ (Initial) **No**, I do not want a copy of my background report, **I specifically waive my right to receive such information.**

After reading this *Authorization for Release of Information*, I fully understand its contents and authorize the release of personal information. The information I have provided is accurate, true, and correct.

I agree that a photocopy or telephonic facsimile of this *Authorization for Release of Information* shall be valid as the original.

By: _____
Signature of Applicant _____
Date

You will be contacted by a representative of the City of Palm Springs, either by phone, fax or mail. The above-signed waiver gives you authorization to provide the information requested regarding this applicant's employment with your company.

Thank you for applying for membership in the Palm Springs Police Department
Citizens On Patrol.

If you have any questions about this application, please call the Citizens On Patrol
Office at 760-323-8149.

You may fill out the Application and Release Form on your computer or by hand.

Mail or deliver to:

Citizens On Patrol
Palm Springs Police Department
200 S. Civic Drive
Palm Springs, CA 92262

Attn: BJ Johnson