



Citizen's Radio Patrol Volunteer Application

Name Birthdate Race Sex

Address City State Zip Code

Telephone Driver's License Number

Radio Patrol Interested in Joining

University District Radio Patrol

How Often Can You Serve on Patrol (Days/Hours)

Emergency Contact Person Telephone

Signature of Applicant Date

Please note, a police clearance is required

**Please return this application to:
UD Radio Patrol
PO Box 21041
Detroit, MI 48221**