



## 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**