



Pride in Service with Integrity

COP (Citizen Observer Patrol)

Together we can be a great team. The Broward Sheriff's Office believes that with residents helping our officers spot suspicious activities, we can stop crimes before they are committed.

BSO's COP Program is a volunteer group sponsored by the Sheriff's Office that uses a simple approach to safeguarding neighborhoods through residents' involvement. COP volunteers are local residents who help BSO fight crime by patrolling their community, looking out for suspicious activity or potential hazards and offering assistance to local residents.

Typical assignments in addition to patrol activities include performing checks on unoccupied residences (at the owner's request), checking on elderly or homebound residents (as requested) and reporting potential problems and neighborhood hazards to BSO.

COP volunteers wear uniforms and drive specially marked vehicles, adding to the crime-fighting presence in the community.

Applicants must be 18 years of age, reside in Broward County, pass a background check, possess a valid Florida driver's license, complete at least four hours of the training program and comply with all program policies and procedures.

For more information on becoming a COP volunteer, contact Deputy Ira Rubinstein at 954-202-3131 or contact BSO's Countywide Operations at (954) 321-4100.

Open the attached application for the COPs program. (This is a PDF file and requires Adobe Acrobat Reader. Complete the form and return it to your local district office. Applicants should attach a photocopy of their driver's license or other identification to this form.

Broward County Sheriff's Office
Oakland Park District
5399 North Dixie Hwy, Suite 1 Oakland Park, Florida 33334
Station: 954-202-3131



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BROWARD SHERIFF'S OFFICE CITIZEN OBSERVER PATROL MEMBER APPLICATION FORM



Last (Family) Name:		First Name:		Full Middle Name(s):	
BSO District Applying To:		Maiden Name:		Previous Names:	
Race:	Sex:	Date of Birth:		Social Security Number:	Height & Weight:
Emergency Contact ☒	Name:	Address:		Telephone number(s):	
Address in Florida ☒	Street/Apartment:			City/Zip Code:	
Telephone Numbers ☒	Home:	Office:		Others (cellular/pager/etc):	
Driver's License ☒	State/Province Issued:	Driver's License Number:		Telephone Number(s):	
Do You Having Any Driving Restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," Explain:		Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," explain:		Do you have any physical defects, handicaps, or other disabilities which could affect you as a COPs volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," explain:	
<p>I hereby certify that all statements made by me on this application are true, complete, and correct to the best of my knowledge. I understand that a background check will be made upon submission of this application. I understand that any criminal conviction, any previous actions which may reflect unfavorably upon the Broward Sheriff's Office, any attempt to deceive or conceal pertinent information, or any suggestion I may be a security risk may be cause for membership denial or dismissal. I give full and unqualified permission to the Broward Sheriff's Office to make any and all inquires into my present and past personal and business status as may be deemed necessary in the interest of the Sheriff's Office and my appointment therein. I understand the Broward Sheriff's Office Citizen Observer Patrol is a volunteer organization and I will receive no compensation for membership.</p>					
Applicant Signature:			Today's Date:		
Background/License Checked by:	Print Title & Name:		Signature & CCN:	Date:	

Use reverse for additional information from boxes. Applicants return this form to their respective district coordinator/office. Applicants or processors should attach a photocopy of the driver's license or other identification to this form.