



SSOP Patrollers Application Form

Thank you for your interest in joining the SSOP Patrollers.

Please complete this application form in full and submit it along with the required supporting documents. Incomplete applications will not be processed.

Section One: Applicant Information

1.1 Full Name & Surname: _____

1.2 Date of Birth: _____

1.3 Identity Number: _____

1.4 Residential Address: _____

1.5 Contact Information

Mobile Number: _____

Email Address: _____

1.6 Languages: _____

1.6 Next of Kin Information

Name: _____

Relationship: _____

Mobile Number: _____

Section 2: Employment and Qualifications

2.1 Occupation: _____

2.2 Employer Name: _____

2.3 Employer Contact No: _____

2.4 Qualifications *(attach copies)* _____

2.5 Do you have any law enforcement or emergency response training?

Yes

If yes, please specify: _____

No

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Author:	F. Ismail	Approval:	L. Marinus
Revision No:	001	Revision Date:	18.06.2025



Section 3: Vehicle Information

3.1 Vehicle Make: _____

3.2 Model: _____

3.3 Colour: _____

3.4 Registration Number: _____

3.5 Acknowledgment of Vehicle Equipment Law

I understand that I may not install red/blue lights or sirens in my vehicle unless it is registered as an emergency vehicle, in compliance with South African law.

Section 4: Background Information

4.1 Have you ever been convicted of a criminal offense? Yes No
If yes, provide details: _____

4.2 Do you consent to a full criminal background check Yes No

4.3 Do you have a valid driver's license? Yes No
If yes: Drivers Licence Code: _____

4.4 Do you have your own vehicle? Yes No

4.5 Do you own a firearm? (If yes, attach a copy of your firearm licence) Yes No

Firearm Make _____

Firearm Model: _____

Serial Number: _____

Section 5: Skills and Training

5.1 Do you have the following training? (Attach certificates where applicable):

Basic Emergency First Aid Responder Yes No

Basic Firefighting Yes No

Crime Scene Management Yes No

Incident Command Yes No

Basic Tactical Training Yes No

5.2 Other relevant skills or training: If yes, please specify _____

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Section 6: Agreement and Consent

- 6.1 Do you agree to abide by the SSOP Patrollers Agreement, Code of Conduct, and Constitution? Yes No
- 6.2 Do you agree to act respectfully, professionally, and in compliance with all South African laws while performing your duties? Yes No
- 6.3 Do you understand the monthly investment of R280.00 Ex VAT for the Smart PTT Radio for SSOP & that you must pay this monthly in advance by no later than the 1st of the month. Yes No
- 6.4 Do you agree to submit incident reports for all incidents attended? Yes No
- 6.5 Do you consent to the collection and processing of your personal data for SSOP Patrollers purposes? Yes No

Section 7: References

7.1 Reference 1:

Full Name & Surname:

Relationship:

Contact No:

7.2 Reference 2:

Full Name & Surname:

Relationship:

Contact No:

Section 8: Declaration

I, the undersigned, declare that all information provided in this application is true and correct. I understand that any false information may result in the termination of my application or membership with SSOP Patrollers.

I agree to undergo the necessary interviews, background checks, and probationary training as outlined in the SSOP Patrollers Constitution and Agreement.

Applicant Full Name: _____

Applicant Signature: _____

Date: _____

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OFFICE USE

Application Received By:

Date:

Interview Conducted By

Date:

Background Check Completed By

Date:

PATROL CAPTAIN APPROVAL:

Approved

Not Approved

Patrol Captain Name:

Signature:

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