

Lynnwood Police Explorer Post #911

APPLICATION FOR POST MEMBERSHIP

INSTRUCTIONS:

Fill out this questionnaire completely and accurately. All items are subject to verification. Incorrect or false information may result in the rejection of this application. Use the back of the page if necessary. Please use black ink or type.

PERSONAL INFORMATION:

1. NAME: _____
(first) (middle) (last)
2. ADDRESS: _____

3. PHONE: Home: _____ Work: _____
4. DATE OF BIRTH: _____ / _____ / _____
(month) (day) (year)
5. PLACE OF BIRTH: _____
6. DO YOU LIVE WITH YOUR PARENTS? YES NO
7. ARE YOU A U.S. CITIZEN? YES NO
8. SOCIAL SECURITY NUMBER: _____
9. HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

LYNNWOOD POLICE EXPLORING

POB 5008 Lynnwood, WA 98046-5008

(425) 670-5600 Fax: (425) 672-6835

Attention: Explorer Post Advisor

Lynnwood Police Explorer Post #911

10. List any clubs or organizations in which you have been involved:

11. List any hobbies, special skills or abilities you may have:

FAMILY:

12. List the names of the family members with whom you live:

Name

Relationship

13. Have you ever left home for any reason or been reported as a runaway?

YES NO

Details: _____

EMPLOYMENT:

14. Are you presently employed? YES NO

Where? (include company name, address, phone number, position, and supervisor's name)

15. Have you ever been discharged, fired or laid off from a place of employment?

YES NO

Details: _____

16. Are you willing to volunteer evening and/or weekend time to this program?

YES NO

17. Do you object to the wearing of a uniform during Explorer activities?

YES NO

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EDUCATION:

18. Please list the following schools you have attended. Include dates attended and location if not in the Lynnwood area.

College/University or Vocational School: _____

Graduate? YES NO Degree? YES NO

High School: Graduate? YES NO GED? YES NO

Jr. High/Middle School: _____

Elementary School: _____

19. Have you ever been expelled or suspended from school? YES NO

Details: _____

20. Do you have any special learning abilities/disabilities we should be aware of?

YES NO

Explain: _____

CRIMINAL HISTORY INFORMATION:

Answers to the following are subject to verification. Answer all questions completely and accurately. Remember! A criminal history is not necessarily disqualifying. Falsification of information is.

21. Have you ever been arrested, detained or arrested by a Police agency?

YES NO

Details: (include dates, agency and charges) _____

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22. Have you ever been cited and released by the Police, Sheriff or State Patrol?
YES NO (including criminal citations and traffic violations)

Date: Agency: Reason:

23. Have you ever used any illegal drugs? YES NO

Details: _____

24. Have you ever been on probation or restriction by court order? YES NO

Details: _____

25. Do you have a valid driver's license? YES NO

License Number: _____ State: _____

26. Have you ever had your driving privilege revoked or suspended? YES NO

If yes, explain: _____

27. Have you ever been refused a driver's license? YES NO

If yes, explain: _____

28. Have you ever been involved in a motor vehicle accident? YES NO

If yes, explain: _____

MEDICAL INFORMATION:

29. Do you have any physical disabilities or ailments that would affect your ability to perform as a Lynnwood Police Explorer? YES NO

If yes, explain: _____

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30. Have you ever been seen or treated by a mental health professional or a patient in a mental health facility? YES NO
If yes, explain: _____

31. Have you ever been discharged or denied work because of a medical condition?
YES NO
If yes, explain: _____

32. Please list any allergies or medical information that may be needed in case of emergency: _____

33. Name of family doctor: _____
Address: _____
Phone: _____ Hospital of preference: _____

34. Emergency contact:
Name: _____ Relationship: _____
Address: _____
Home phone: _____ Work phone: _____

Name: _____ Relationship: _____
Address: _____
Home phone: _____ Work phone: _____

35. Briefly describe in your own words why you want to become involved with the Lynnwood Police Explorers and any future career plans you may have:

36. I, the person named on this application, do certify that the information that I have provided is true and correct to the best of my knowledge. I also understand that this information will become part of my permanent record within this organization should I become a member.

Signature: _____ Date: _____