

LEMOORE CITIZENS' ACADEMY

Lemoore Police Department
Darrell Smith, Chief of Police

Application

Name	Last	First	Middle
Address			
City	State	Zip Code	
Daytime Phone		Evening Phone	
Social Security No.		Employer	Occupation
Date of Birth		Driver's License No.	State
ID Info:			
Height	Weight	Eye	Hair
Physical Limitations:		E-mail Address	
Length of time you plan to volunteer: 6 months ___ 1 year ___ Summer only ___ Ongoing ___			
When are you available to volunteer? Weekends ___ Evenings ___ Weekdays ___ Other ___			
Hours per month you plan to volunteer: 8 hours ___ 16 hours ___ 20 hours ___ Other ___			
Have you done volunteer work before? Yes / No. If yes, where: _____			
Hobbies or special interest: _____			

Next of Kin/Emergency Contact

Name	Relationship
Address	
City	State Zip Code
Daytime Phone	Evening Phone

References

Name	Relationship
Address	
City	State Zip Code
Daytime Phone	Evening Phone
Name	Relationship
Address	
City	State Zip Code
Daytime Phone	Evening Phone

Signature

Date