

# LEMOORE CITIZENS' ACADEMY

Lemoore Police Department  
Michael Kendall, 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			
Automobile Insurance Company			Policy #			
<b>ID Info:</b>	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