

POLICE AUXILIARY CIVILIAN TEAM

MEMBERSHIP APPLICATION

Last Name <input type="text"/>		First <input type="text"/>		Middle <input type="text"/>	
Address <input type="text"/>			City <input type="text"/>		State <input type="text"/> Zip <input type="text"/>
Telephone Home <input type="text"/>		Cell <input type="text"/>		Telephone Work <input type="text"/>	
Occupation <input type="text"/>			Times to be contacted <input type="text"/>		
Ever convicted of a felony <input type="text"/>		IF YES EXPLAIN ON BACK		Marital Status <input type="text"/>	
Height <input type="text"/>		Weight <input type="text"/>		E-Mail <input type="text"/>	
Hair <input type="text"/>		Eyes <input type="text"/>		Blood Type <input type="text"/>	
				D.O.B. <input type="text"/>	

IN CASE OF EMERGENCY

NOTIFY

Last Name <input type="text"/>		First Name <input type="text"/>		Relation <input type="text"/>	
Address <input type="text"/>			City <input type="text"/>		State <input type="text"/> Zip <input type="text"/>
Home Phone <input type="text"/>			Work Phone <input type="text"/>		

VEHICLE INFORMATION

Make <input type="text"/>		Model <input type="text"/>		Year <input type="text"/>		Style (2door, etc) <input type="text"/>		
Color <input type="text"/>		VIN# <input type="text"/>			Lic. Plate # <input type="text"/>		State <input type="text"/>	
Driver Lic. # <input type="text"/>				State <input type="text"/>		Expiration <input type="text"/>		

List any specialized training you have

Referral Source Friend Relative Other

I understand the objective and the requirements of membership. I hereby apply for membership in this organization and agree to abide by the by-laws, constitutions, rules, regulations, practices, policies, and standard operating procedures of this organization. I will obey all requests, orders and assignments given to me.

Applicants signature		E-Mail		Date	
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DO NOT WRITE IN THIS SPACE - FOR PAC USE ONLY

INTERVIEW? YES NO DATE _____

DATE N.C.I.C. COMPLETED _____ FINGER PRINTED YES NO

ACCEPTED BY: _____ ASSIGNED PAC # _____ DATE _____