



**PRELIMINARY APPLICATION FORM
LYNNWOOD CITIZENS PATROL**

Lynnwood Police Department
19321 44th Avenue West, Lynnwood, WA 98036
Tel. (425) 670-5639 Email. ctenney@ci.lynnwood.wa.us

1. Name: _____
Last First Middle

2. Address: _____
Street
City State Zip Code

3. Telephone: _____
Home Business Cell Phone

4. Email: _____

5. Employer: _____

6. Employer Address: _____ Telephone: _____

Supervisor: _____ Can we contact Him/Her? _____

Best Time to Contact: _____

7. Date of Birth: _____ Drivers License Number: _____ State: _____

8. Have you ever been arrested: Yes ___ No ___ Convicted: Yes ___ No ___

If yes to #8 please explain: _____

9. Have you ever received a moving violation citation? Yes ___ No ___ Date(s)? _____

10. Do you have any objection to being fingerprinted and have a criminal check made through Federal and State agencies? Yes ___ No ___

11. Are you willing to work the required 8 hours per a month and the monthly meetings? Yes ___ No ___

12. Why do you want to become a member of the Lynnwood Citizens Patrol?

13. What training, education and experience do you have that would be helpful to the Citizens Patrol?

14. Are you physically able to stand for up to 4 hours and lift at least 40 pounds? Yes ____ No ____

15. Do you have good vision, hearing and agility? Yes ____ No ____

16. Personal References (2): (Name/Telephone Number/Years Known)

Your personal reference may or may not be contacted:

1. _____ 2. _____

I hereby certify that the information supplied is correct and true. Furthermore I am fully aware that any falsification of information will prompt my disqualification. I authorize the Lynnwood Police Department and its agents and employees to conduct a review of the records of the Lynnwood Police Department and other law enforcement agencies for the purpose of confirming that I am of good character. I hereby release the City of Lynnwood and all its agents and employees from any liability which may arise out of the background investigation and recommendations, including liability from negative recommendation based on erroneous information.

Sign: _____ Date: _____

Print and mail to:

OR

Email completed form to:

Lynnwood Citizens Patrol
19321 44th Avenue West
Attn: Cheryl Tenney
Lynnwood, WA 98036

ctenney@ci.lynnwood.wa.us