



Centralia Police Department

PO Box 609 • 118 W. Maple St. • Centralia, WA. 98531 • (360) 330-7680

Amateur Radio Emergency Service (ARES)

Please fill out completely or the application will not be processed. If any section does not apply to you, please indicate by writing "N/A". The Centralia Police Department appreciates your interest in service and commends your spirit to volunteer.

(PLEASE PRINT)

PERSONAL INFORMATION				
Last Name: First Name:		Middle Initial:	Age: SS #: - - -	Date of Birth:
Home Address:		City:	Zip:	Place of Birth:
Home Phone:	Other Phone:	HAM Radio Call Sign:		
Other Names Used:				
E-mail Address:				
Previous Address(s): Last Five Years <hr/> <hr/>				
CRIMINAL AND DRIVING HISTORY				
Drivers License Number:				
Has your license ever been suspended or revoked? Yes or No?				
Have you ever been convicted of a crime? Yes or No? If yes, please explain: <hr/> <hr/> <hr/> <hr/> <hr/>				
Traffic citations and accidents for the past two years: <hr/> <hr/>				

REFERENCES

References: DO NOT USE FAMILY MEMBERS OR RELATIVES AS REFERENCES. List four (4) individuals you have known for at least 5 years. (PLEASE LIST NAME, COMPLETE ADDRESS WITH ZIP CODE AND TELEPHONE NUMBER.)

1. Name: _____

Address : _____

Phone : _____

2. Name: _____

Address : _____

Phone : _____

3. Name: _____

Address : _____

Phone : _____

4. Name: _____

Address : _____

Phone : _____