



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:		Age:	SS #:	Date of Birth:
First Name:	Middle Initial:		- -	
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				

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:

Traffic citations and accidents for the past two years:

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 : _____