

INDIO POLICE DEPARTMENT POST 150

46-800 Jackson Street Indio, California 92201
(760) 347-8522 ext.235



MEMBERSHIP APPLICATION

ALL QUESTIONS BELOW MUST BE ANSWERED IN FULL AND ALL INFORMATION SHOULD BE CORRECT.

PLEASE PRINT IN BLACK INK OR TYPE.

All information on this application will be confidential.

NAME _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

AGE: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____

RACE _____ HEIGHT: _____ WEIGHT: _____ HAIR _____ EYES: _____

SOCIAL SECURITY NUMBER: _____ CIRCLE SEX: female OR male

DRIVERS LICENSE/I.D. NUMBER: _____ CLASS: _____ EXP. DATE _____

SCHOOL PRESENTLY ATTENDING: _____ GRADE: _____

SCHOOL ADDRESS: _____ CITY: _____ PHONE: _____

U.S. CITIZEN: YES _____ NO _____ ARE YOU A BOY OR GIRL SCOUT: YES _____ NO _____

Give the names of three (3) character references. Do not give relatives please.

NAME

ADDRESS...

PHONE #

Presently employed ? _____ If yes, what are your work hours ? _____

Employer: _____

Employer address: _____ Phone: _____

Have you ever been cited for any violation ? _____ If yes, explain violation

Have you ever been arrested ? _____ If yes, explain the crime briefly

List all organizations to which you belong (past and present). _____

In a few sentences, explain why you wish to join this Post: _____

I authorize investigation of all statements contained in this application, and I understand that misrepresentation or omission of information shall be cause for my application to be rejected.

Signature of Applicant: _____ Date: _____

Parent/Guardian: _____ Date: _____

Application Approved By: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Oral Interview : PASSED _____ FAILED _____ Post I.D. Number: _____ Badge: _____

Background Assigned To: _____ Date: _____ PASSED: _____ FAILED: _____

Date Accepted to POST: _____ BSA Application Done Date: _____ Report Card _____

Ride-A-Along Application Done Date: _____ Issued Equipment Form Done Date: _____

Photo of Post Applicant Done Date: _____ Fingerprints Taken Done Date: _____

POST ADVISOR SIGNATURE: _____ Date: _____

POST PRESIDENT SIGNATURE: _____ Date: _____

Date Resigned: _____ Reason: _____