

INDIO POLICE DEPARTMENT POST 150
46-800 Jackson Street Indio, California 92201
(760) 391-4057 Ext. 4037



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 / MALE

D.L. /I.D. NUMBER: _____ CLASS: _____ EXP. DATE _____

SCHOOL ATTENDING: _____ GRADE: _____

SCHOOL ADDRESS: _____

ADDRESS CITY PHONE

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

PARENT/ GUARDIAN NAME DATE OF BIRTH

PARENT/ GUARDIAN NAME DATE OF BIRTH

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

NAME ADDRESS PHONE

PRESENTLY EMPLOYED? _____ IF YES, WHAT ARE YOUR HOURS? _____

EMPLOYER: _____ PHONE: _____

EMPLOYER ADDRESS: _____

ADDRESS CITY ZIP

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).

EXPLAIN WHY YOU WISH TO JOIN THIS POST.

Please attach a one page hand written autobiography to this application.

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: _____

DO NOT WRITE BELOW THIS LINE

Application Approved By: _____ Date: _____

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-Long 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: _____
