



**CITY OF FERNDALE
POLICE DEPARTMENT
AUXILIARY COMMUNICATIONS SERVICE**

P.O. Box 1257 • 2220 Main Street • Ferndale, WA 98248
Phone: 360.384.3390 • FAX: 360.384.3345

VOLUNTEER APPLICATION

Name				
(Last)	(First)	(Middle)		
Street Address				
City		State		Zip
Home Phone		Daytime Phone		Other Phone
Date of Birth			Social Security #	
Driver's License Number / State			Expiration Date	
Email				
Identifying Information		Height	Weight	Hair Color
				Eye Color
Scars, tattoos, distinguishing marks				
Have you ever been fired or asked to resign from any place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, provide details, including dates. Use reverse side of this sheet if necessary.				
Have you ever been arrested or convicted for any crime (exclude traffic infraction or citations) <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, provide details, including dates.				
Has your driver's license or operator's permit ever been suspended, revoked, or placed on negligent operator's probation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, provide details, including dates.				
Have you ever been placed on court probation as an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, provide details, including dates.				
Have you ever served in the armed forces, National Guard, or Military Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please provide branch of service, service number, dates of service and type of discharge.				

REFERENCES

List 3 individuals who are social acquaintances/business references who have known you for the past five years.

Name of Individual	Complete mailing address where the person can be contacted	Telephone Number

List all your addresses for the past 10 years.

Address	Dates of Residence

EXPERIENCE

List all FEMA ICS and ARRL Emergency Communications Courses you have completed, including dates of completion. Copies of certificates will be kept on file. Use reverse side of this sheet if necessary.

List communications related experience (professional and volunteer.)

What is your call sign?

What license do you hold? (Technician, General or Amateur Extra)

What other skills and knowledge will you bring to the Auxiliary Communications Service?

List other organizations where you volunteer.

AVAILABILITY

How many hours a month are you available to volunteer, and what days and times?