

Lincoln Park

CITIZENS Patrol WATCH

Application for Membership

DRIVER PROFILE

Name _____

Address _____

City _____ Zip _____

Home Phone _____

Cell Phone _____

Date of Birth _____

Place of Birth _____

Drivers License # _____

How is your driving record? _____

Person to Contact in case of Emergency

Name _____

Address _____

Phone Number _____

POLICE RECORD

Have you ever been arrested? Yes No

If yes, please explain on the reverse

VEHICLE INFORMATION

Make of Vehicle _____

Model of Vehicle _____

Year _____ Color _____

Vin. Number _____

License Plate Number _____

Insurance Carrier & Policy Number

HEALTH CONDITION

Please list any medical problems you have so if there is an emergency, we will be able to help.

By completing this application I agree to follow and obey all laws and rules of the City of Lincoln Park, the Lincoln Park Police Department and the CPW Board. I understand that my failure to adhere to the laws, rules & regulations of the above groups can result in my dismissal

Signed: _____ Date ____/____/____

NOTE: CPW is not an agency or unit of Government of the City of Lincoln Park
The information on and pertaining to this application is kept confidential