



**PRELIMINARY APPLICATION FORM  
LYNNWOOD POLICE  
VOLUNTEERS IN PUBLIC SAFETY (VIPS)**

Lynnwood Police Department  
19321 44<sup>th</sup> Avenue West, Lynnwood, WA 98036  
Tel. (425) 670-5635 Email [Lwellington@ci.lynnwood.wa.us](mailto:Lwellington@ci.lynnwood.wa.us)



1. Name: \_\_\_\_\_  
First
Last
Middle

2. Address: \_\_\_\_\_  
Street

\_\_\_\_\_

City
State
Zip Code

3. Telephone: \_\_\_\_\_  
Home
Business
Cell Phone

4. Email: \_\_\_\_\_

5. Are you presently employed? If so, where? : \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

7. Have you ever been arrested: Yes \_\_\_\_ No \_\_\_\_ Convicted: Yes \_\_\_\_ No \_\_\_\_

If yes to #7 please explain: \_\_\_\_\_

8. Have you ever received a moving violation citation? Yes \_\_\_\_ No \_\_\_\_ Date(s)? \_\_\_\_\_

9. Do you have any objection to being fingerprinted and have a criminal check made through Federal and State agencies? Yes \_\_\_\_ No \_\_\_\_

10. Are you willing to work the required 12 hours per month including monthly meetings? Yes \_\_\_\_ No \_\_\_\_

11. We meet regularly at 9 a.m. the second Wednesday of each month. Are you willing and available to participate in this meeting and other periodical training to improve your ability to better serve as a member of the VIPS? Yes \_\_\_\_ No \_\_\_\_

12. Do you have any physical limitations?

\_\_\_\_\_

\_\_\_\_\_

13. Are you physically able to easily get in and out of a vehicle? Yes \_\_\_\_ No \_\_\_\_

14. While we provide training on the use of the police radio, do you think you would have any problems with this? Yes \_\_\_\_ No \_\_\_\_ . If Yes, please explain \_\_\_\_\_

15. What training, education and experience do you have that would be helpful to the VIPS?

\_\_\_\_\_

\_\_\_\_\_

16. It is the desire of the LPD that all volunteers complete the department's annual, 15 week Citizens Academy course. Please circle one of the following:

- (a) Have been through the academy.
- (b) Are currently enrolled in the academy.
- (c) Would be willing to enroll in the next scheduled academy.

17. Emergency contacts: Please include two people, their relationship to you, and their phone numbers.

1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_

*I hereby certify that the information supplied is correct and true. Furthermore I am fully aware that any falsification of information will prompt my disqualification. I authorize the Lynnwood Police Department and its agents and employees to conduct a review of the records of the Lynnwood Police Department and other law enforcement agencies for the purpose of confirming that I am of good character. I hereby release the City of Lynnwood and all its agents and employees from any liability which may arise out of the background investigation and recommendations, including liability from negative recommendation based on erroneous information.*

Sign: \_\_\_\_\_ Date: \_\_\_\_\_