



Milton Police Department
1000 Laurel Street
Milton, WA 98354
253-922-8735 Work
253-922-2706 Fax
253-922-6633 After Hours Non-Emergency

Safety Watch, Ride Along Reserve Interest and Volunteer Form

SAFETY WATCH, RIDE ALONG AND VOLUNTEER APPLICATION

NAME: _____ D.O.B. _____
FULL NAME LAST, FIRST MIDDLE

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

24 HR PHONE# _____ WORK PHONE _____

DO YOU HAVE A WASHINGTON STATE DRIVER'S LICENSE?

YES WHAT IS YOUR DRIVER'S LICENSE # _____

NO WHAT STATE AND WHAT IS THE LICENSE # _____

AREA OF INTEREST: (Check all that apply)

- BLOCK WATCH BUSINESS WATCH APARTMENT WATCH
- HYLEBOS TRAIL PATROL COMMUNITY EMERGENCY RESPONSE TEAM
- POLICE RIDE ALONG CITIZENS ACADEMY
- DISABLED PARKING ENFORCEMENT
- INTERNSHIP WITHIN THE POLICE DEPARTMENT
- OTHER _____

BY SIGNING THE FOLLOWING YOU ARE AGREEING FOR THE MILTON POLICE DEPARTMENT TO DO AN INITIAL CRIMINAL BACKGROUND CHECK TO CHECK YOUR SUITABILITY FOR VOLUNTEER EMPLOYMENT. SIGNING THE FOLLOWING DOES NOT GUARANTEE EMPLOYMENT OR COMMIT EITHER THE CITY OF MILTON OR THE SIGNEE TO A CONTRACT FOR EMPLOYMENT.

NAME _____ **SIGNATURE** _____ **DATE** _____

Turn in this application when completed to the above address between 8am-5pm Mon-Fri