

I have been appraised of the duties for which I am volunteering and realize that I must be in good physical condition to participate in the program. I do hereby certify that to the best of my knowledge, I am in good physical health and suffer no medical disability which would disqualify me from participation in the Auxiliary Police program. I do hereby agree, that if such medical disability becomes known to me at some future date, I will immediately make this information known to the Commanding Officer, Auxiliary Police Section, in writing.

All the information entered on this form is true to the best of my knowledge.

Any person knowingly making a false written statement shall be liable to punishment for a Class "A" misdemeanor under Section 210.45 of the Penal Law.

Signature of applicant Date

Interview and verifications by Police Officer
Print Name Signature Command

RECORD CHECK

Identification Section

F.B.I.

TRAINING	CLASS #	DATE	P.O. #
Intermediate			
Advanced			
Command			
Basic Rescue			
Scooter			
Auto Operator			
Basic Mgmt.			

AWARD / DISCIPLINE	P.O. #	DATE

SUPPLEMENTARY INFORMATION:
