

NIAGARA COUNTY IDENTIFICATION CARD APPLICATION

PLEASE PRINT INFORMATION CLEARLY

DATE _____

LAST NAME* _____

FIRST NAME* _____

GENDER (CIRCLE ONE) MALE FEMALE

DATE OF BIRTH _____

SS# _____

AUXILIARY POLICE BADGE

BADGE NUMBER _____

HOME ADDRESS 1 _____

ADDRESS 2 _____

CITY _____

STATE _____

ZIP CODE _____

HOME PHONE _____

MOBILE PHONE _____

FAX _____

EMAIL # 1 _____

EMAIL # 2 _____

HEIGHT _____

WEIGHT _____

EYES _____

HAIR _____

SIGNATURE* _____

CHIEF'S SIGNATURE* _____

* required information

ONLY SHADED INFORMATION WILL BE VISIBLE ON CARD

HEALTH & MEDICAL INFORMATION

EMERGENCY CONTACT PERSON _____

CONTACT'S PHONE _____

BLOOD TYPE _____

ORGAN DONOR YES NO

ALLERGIES YES (list) NO

MEDICAL HISTORY PLEASE CHECK THOSE THAT APPLY

- DIABETIC
- HIGH BLOOD PRESSURE
- HEART
- SEIZURES

OTHER - PLEASE LIST

- QUALIFICATIONS
- AUX POL PEACE OFFICER
 - AUX POL CHIEF
 - AUX POL ASST CHIEF
 - AUX POL CAPTAIN
 - AUX POL LIEUTENANT
 - AUX POL SERGEANT
 - AUX POL PATROLMAN

EXPIRATION DATE

DECEMBER 31, 20__

PLEASE CALL THE OFFICE FOR APPOINTMENT - WALK-INS ARE NOT ACCEPTABLE.

438-3176 or 438-3171

AUXILIARY POLICE ONLY