

**2015 SHOP WITH A COP
CHEHALIS POLICE OFFICER'S ASSOCIATION
APPLICATION FORM**

DEADLINE FOR APPLICATION IS NOVEMBER 20th

ONE APPLICATION (child) PER FAMILY PLEASE
IF YOU HAVE ANY QUESTIONS PLEASE CALL 748-8605

NAME OF CHILD (FIRST AND LAST) _____ AGE/GRADE _____

STREET ADDRESS _____ CITY CHEHALIS

HOME PHONE () _____ ALTERNATE NUMBERS () _____ / _____

PRIMARY LANGUAGE ENGLISH SPANISH OTHER _____

MOTHER/GUARDIAN _____ EMPLOYER _____

FATHER/GUARDIAN _____ EMPLOYER _____

IS THE CHILD GOING TO BE INVOLVED WITH OR NOMINATED FOR ANY OTHER PROGRAM? YES NO

WHAT PROGRAM _____

REFERRED BY _____ PHONE NUMBER() _____

PRIMARY REASON THIS CHILD IS BEING REFERRED _____

EXPLAIN WHY YOU ARE REFERRING THIS CHILD (PLEASE BE DETAILED, IT HELPS WITH THE SELECTION PROCESS)

PLEASE USE 200 WORDS OR LESS AND YOU MAY USE ANOTHER SHEET OF PAPER IF NECESSARY.

CAN THIS APPLICATION BE SHARED WITH OTHER CHARITY GROUPS IF NOT CHOSEN? YES NO

CHILD LIVES WITH THE FOLLOWING: (THEY WILL BE PURCHASING A GIFT FOR THESE FAMILY MEMBERS, NO BOYFRIENDS, GIRLFRIENDS, OR PETS)

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE RETURN COMPLETED APPLICATIONS TO:

SHOP WITH A COP at the CHEHALIS POLICE DEPT. PHONE 360-748-8605

350 N. MARKET BLVD. #201

EMAIL chehalispd@ci.chehalis.wa.us

CHEHALIS, WA 98532