**Minnesota Law Enforcement Memorial Association**

**Honor Guard**

**Membership Application**

Instructions: Please fill out this application as completely as possible. Return no later than January 1st to: kpotter@ci.brooklyn-center.mn.us. Applicants that are currently in their probationary period with their department will not be accepted.

Click here to enter text.

Name Last First Middle

 Click here to enter text.

Home Address (Street, City, State, Zip) Contact Phone

Email Address: Click here to enter text.

 Click here to enter text.

Employing Agency and address Agency Phone

1. Are you currently POST licensed and employed as a full-time peace officer working for a public law enforcement agency in Minnesota?

Yes[ ]  No[ ]

1. How many years have you been a peace officer? With your present agency? If you have worked for another police agency, in any position, other than your present employer, please list:

Click here to enter text.

1. Do you have military experience? Yes [ ]  No [ ]

If yes, Branch, highest rank obtained, and specialization?

Click here to enter text

1. Have you served on an honor guard or drill team before? Yes [ ]  No [ ]

If yes, please give details including when, where, what type of duties, etc.

Click here to enter text.

Please provide your height Click here to enter text. and weight Click here to enter text..

1. If selected to join the LEMA Honor Guard, are you able and willing to commit to a minimum of a three year membership? Yes [ ]  No [ ]
2. Does your department head support your membership in the Honor Guard, and would a command level officer be willing to write a letter to that effect? Yes [ ]  No [ ]
3. Do you have any additional employment or volunteer activities including extra-duty assignments?

Yes [ ]  No [ ]  If yes, please describe and list how many hours per week it involves:

Click here to enter text.

1. Can you play the bugle, trumpet, or coronet and would you be willing to serve as a bugler for the Honor Guard?

Yes [ ]  No [ ]

Please list three persons, not related to you, who would be willing to provide a letter of reference on your behalf. These may include fellow officers, supervisors, or friends.

1. Name:Click here to enter text. Phone:Click here to enter text.

Address:Click here to enter text.

 Email:Click here to enter text.

2. Name:Click here to enter text. Phone:Click here to enter text.

 Address:Click here to enter text.

 Email:Click here to enter text.

1. Name:Click here to enter text. Phone:Click here to enter text.

Address:Click here to enter text.

 Email:Click here to enter text.

Please use the space below to provide any additional information you feel would be helpful. You may attach additional sheets or a resume.

I certify by my signature that the information supplied on this application, along with any additional materials submitted are true and correct to the best of my knowledge.

Signature: Click here to enter text. Date: Click here to enter