



ILACP Funeral Assistance Team Application

Please complete the information requested below and return the application to
Chief Phillip Arnold by email: jparnold@shorewoodil.gov

Last Name: _____ First: _____ MI: _____

Department: _____ Rank: _____

Department Address: _____ City: _____ Zip: _____

Home Address: _____ City: _____ Zip: _____

Cell Phone: _____ Cell Phone Provider: _____ Texting Capabilities: YES / NO

Email Address: _____

Where would you prefer your correspondence be sent?

Work

Home

Please list any applicable training classes you have attended:

<u>Course:</u>	<u>Dates:</u>	<u>Location:</u>	<u>Instructor:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What would your availability to the Team be? _____

Has your department head endorsed your application and commitment to join the Team? _____

Additional Information (use separate page if necessary): _____

Date Application Completed: _____