City of Lynn Police Department

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Christopher P. Reddy
Chief of Police

Mark F. O'Toole
Deputy Chief of Police

Elizabeth A. Polonsky
Confidential Assistant

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Deputy Chief of Police

CROSSING GUARD APPLICATION

Name: _____ Age: _____ Date of Birth:_____

Address:_____ City/State _____

Telephone # _____ Social Security # _____

Cell Phone # _____ Email: _____

Do you have an automobile? _____

Do you have any medical defects or problems that would not allow you to be a School Crossing Guard? _____ If yes, explain _____

Do you have good vision in both eyes? _____ If no, explain _____

Are you currently receiving a medical disability or retirement? _____ If yes, explain _____

IN CASE OF AN EMERGENCY CONTACT THE FOLLOWING PERSON:

Name _____

Home Telephone # _____ Cell Phone # _____

Address _____ Relationship _____

Second Contact Person _____

Address _____ Relationship _____

Home Telephone # _____ Cell Phone # _____

I have read and filled out all the above information to the best of my ability. I also understand that when I reach the age of 70, I am required to have a physician certify that I am in good health and able to perform the duties of a Crossing Guard. I also understand that false statements maybe reason for dismissal.

_____ _____

Signature Date

THIS FORM MUST BE RETURNED TO OFFICER MAGNER