2025 SHOP WITH A COP LEWIS COUNTY SHERIFF'S OFFICE ASSOCIATION APPLICATION FORM

Application deadline is **November 20, 2025**.

If you have any questions, please call the Lewis County Sheriff's Office at 360-740-1300. The application form is also available online at https://lewiscountywa.gov/offices/sheriff/ Illegible or incomplete applications will not be considered.

Name of Child:	Age:	Grad	le:
Sex: Male Female S	chool Attending:		
Primary Language is:	☐ Spanish ☐ Other (List):		
$\begin{tabular}{ll} \textbf{Mailing Address} & \textbf{(Needed for Permission Slip):} \\ \end{tabular}$			
City, State, Zip:			
Parent/Guardian Name:			
Cell Phone: Home Phone:	E-Mail:		
Primary Language is: English	☐ Spanish ☐ Other (List):		
Mother's Name:	Date of Birth (if known):	
Father's Name:	Date of Birth (if known):	
Child Referred By:	Phone:		
Employer:	Position:		
Email:			
Primary reason this child is being refer	red:	ositive Experie	ence with Law Enforcemen
You must explain in detail why you are high volume of applications, the selecting the better it will assist us in choosing the	on process is very competitive. T	<mark>Γhe </mark> more detai	
Is this child going to be involved with o	er organizations if not chosen for	 Shop With a	. — —
Child lives with the following: (Kids will be boyfriends, girlfriends, or pets.)	selecting a gift for these family member	rs – no extended t	family not living with the child,
NAME		AGE	RELATIONSHIP

Please submit completed application via email to: Sheriff@lewiscountywa.gov, or by fax to 360-740-1476.

Applications may also be mailed to the following address:

Lewis County Sheriff's Office Association Shop with a Cop Program 345 W. Main Street Chehalis, WA 98532

(Applications must be postmarked no later than November 20, 2025)