Explorer Application

Grandview Police Department
Explorer Post # 640

Name (L,F,M): _____ DOB: _____

Address: _____ City: _____ State: _____

Phone/Home: _____ Work: _____

Do You Attend School?: YES   NO   If so, where? _____

What grade have you completed? _____

Are you employed?: YES NO   If so, where? _____

What do you do? _____

Who is your supervisor?: _____

Have you ever been arrested or received a ticket? YES NO

If so, what for?: _____ Where at? _____

When? _____ How was it handled? _____

(If this has happened more than once, put a check in the next space _____ and list the other(s) on the back side of this form.)

Have you ever used illegal drugs? YES NO

What kind? _____

How long ago? _____

When was the last time you drank alcohol? _____

Why do you want to be a member of the Explorer Post? _____

_____

_____

_____

What physical problem do you have that might affect you as a member of the Post? _____

_____

Signature: _____ Date: _____