

Redding Police Department

Explorer Post #93

Membership Application



DATE SUBMITTED: _____

PERSONAL INFORMATION

NAME: _____		
LAST	FIRST	MIDDLE
DATE OF BIRTH: _____		SOCIAL SECURITY #: _____
ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
HOME PHONE: _____		CELL PHONE: _____
EMAIL: _____		

SCHOOL ATTENDING: _____		
SCHOOL ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
GRADE LEVEL: _____	GPA: _____	
SCHOLASTIC ACTIVITIES (I.E., SPORTS, CLUBS, ETC.): _____		

DO YOU HAVE A VALID CALIFORNIA DRIVER'S LICENSE?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
IF YES, DRIVER'S LICENSE #:	_____	CLASS: _____
IF YES, DO YOU HAVE ACCESS TO A VEHICLE?	<input type="checkbox"/> NO	<input type="checkbox"/> YES

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WORK HISTORY

ARE YOU EMPLOYED?	<input type="checkbox"/> NO	<input type="checkbox"/> YES,	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME
LENGTH OF EMPLOYMENT:	_____			
EMPLOYER:	_____			
EMPLOYER ADDRESS:	_____			
CITY:	STATE:	ZIP:	PHONE:	
_____	_____	_____	_____	
DESCRIBE YOUR RESPONSIBILITIES:	_____			
_____	_____			
_____	_____			

FAMILY HISTORY

FATHER'S NAME:	_____		
	LAST	FIRST	MIDDLE
FATHER'S CONTACT PHONE #:	_____		
FATHER'S EMAIL:	_____		
MOTHER'S NAME:	_____		
	LAST	FIRST	MIDDLE
MOTHER'S CONTACT PHONE #:	_____		
MOTHER'S EMAIL:	_____		
DO YOU HAVE ANY SIBLINGS?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:			
NAME:	_____		AGE: _____
	LAST	FIRST	MIDDLE
NAME:	_____		AGE: _____
	LAST	FIRST	MIDDLE
NAME:	_____		AGE: _____
	LAST	FIRST	MIDDLE

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QUESTIONNAIRE

How did you hear about the Redding Police Explorer Program?

Why do you want to become a Redding Police Explorer?

How do your friends feel about your interest in becoming a Police Explorer?

How do your parents feel about your interest in becoming a Police Explorer?

Have you ever been arrested or received a juvenile citation?

- No
- Yes

If yes, please explain:

Have you ever received a traffic citation?

- No
- Yes

If yes, please explain:

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ACKNOWLEDGEMENT

By checking this box, I acknowledge that all of the information provided in this application is true and accurate to the best of my knowledge. I fully understand that any falsified or omitted information may be grounds for immediate dismissal from the Explorer application process.

NAME: _____ DATE: _____