



MUNSTER POLICE EXPLORERS POST #197

Application for Membership

_____/_____/_____
LAST NAME FIRST NAME MI PHONE NUMBER

ADDRESS CITY/STATE ZIP CODE

_____/_____/_____
DATE OF BIRTH SCHOOL OR UNIVERSITY GRADE LEVEL

EMERGENCY CONTACT PHONE NUMBER RELATION

CLUBS AND VOLUNTEER ACTIVITIES: _____

WHY DO YOU WANT TO JOIN THE MUNSTER EXPLORERS? _____

WHAT ARE YOUR CAREER ASPIRATIONS? _____

HAVE YOU EVER BEEN ARRESTED? IF YES, EXPLAIN: _____

REFERENCES

List three references who are not related to you. At least one of your references should be a teacher.

_____ REFERENCE #1	_____ PROFESSION	_____ PHONE NUMBER
_____ REFERENCE #2	_____ PROFESSION	_____ PHONE NUMBER
_____ REFERENCE #3	_____ PROFESSION	_____ PHONE NUMBER

PARENTAL CONSENT (If under 18 years of age)

I, the parent or guardian signed below, give permission for my son/daughter to participate in the Munster Police Explorers Program. I also give permission for the Munster Police Department to use my son/daughter's image and/or name in publications for the Munster Police Explorers Post.

_____ PARENT/GUARDIAN (Signature)	_____ PARENT/GUARDIAN (Print)	_____ DATE
--------------------------------------	----------------------------------	---------------

APPLICANT AGREEMENT

I, the undersigned applicant, hereby request a position in the Munster Police Explorers, and if I should be chosen I promise to act in a responsible and professional manner when representing the Munster Police Department during my duties as a Munster Police Explorer. I fully understand that if my actions bring discredit to the Munster Police Explorers Post I can be dismissed from the Post for those said actions.

_____ APPLICANT SIGNATURE	_____ APPLICANT (Print Name)	_____ DATE
------------------------------	---------------------------------	---------------