



Watsonville Police Department
Jorge Zamora, Chief of Police
Cadet Post 501
215 Union St
Watsonville, California 95076

Cadet Application

Dear Cadet Applicant:

The background investigator will use the information you provide in this packet as a factor in determining your suitability for Cadet with the Watsonville Police Department Cadet Post 501. The investigation will include a comprehensive fingerprint, criminal and driving record check, school records, legal and drug history. Honesty and integrity are the most important qualities in law enforcement. All factors will be fairly evaluated and you will have an opportunity to explain your answers.

Complete this application thoroughly, accurately, and neatly. Please provide copies of the following documents with your application:

1. Birth Certificate
2. Middle School or High School report cards or College transcripts
3. High School Diploma (If graduated)
4. California Driver's License (If licensed)

Your application will not be processed without copies of these documents. Also, please ensure you complete the enclosed waivers. You may turn your completed application to the Watsonville Police Department Front Counter, Monday through Friday, from 8:00 A.M. to 5:00 P.M.

The information you provide is completely confidential and will not be released to any other party or agency without your signed authorization or by court order.

Official Use Only	
Applicant: _____	
Interviewer: _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Comments: _____	

CONFIDENTIAL

Personal Information

First Name: _____ Last Name: _____ Middle Name: _____

Other names known by (included previous marriages, maiden names and aliases):

Date of birth (mm/dd/yyyy): _____ Age: _____

Social Security Number (18+ only): _____

Current Address: _____

Street Address

City: _____ State: _____ Zip Code: _____

Daytime Phone Number (include area code): _____

Nighttime Phone Number (including area code): _____

Cell Phone Number (including area code): _____

Email address: _____

Emergency Contact: _____ Relationship: _____

Address: _____ City: _____

Phone Number: _____

Mother's Name: _____

Mother's Address: _____ City: _____ State/Zip: _____

Mother's Home Phone Number: _____ Work Phone Number: _____

Mother's Employer: _____

Mother's Employer Address: _____ City: _____ State/Zip: _____

Father's Name: _____

Father's Address: _____ City: _____ State/Zip: _____

Father's Home Phone Number: _____ Work Phone Number: _____

Father's Employer: _____

Father's Employer Address: _____ City: _____ State/Zip: _____

Residence

Are you a United States Citizen? Yes No

If naturalized, please provide year and state where occurred: _____

Permanent resident alien registration number: _____

Are you a California resident? Yes No

Birthplace (City and State): _____

How long have you lived at your current address? Years: _____ Months: _____

Please list the names of family members, relatives or roommates currently living with you at your current address:

1.	2.
3.	4.
5.	6.

Have you had any problems or disputes with your current neighbors? Yes No

If yes, please provide a brief explanation: _____

Have you had any problems or disputes with your current landlord? Yes No

If yes, please provide a brief explanation: _____

During the last 5 years, have you had any problems with your neighbors? Yes No

If yes, please provide a brief explanation: _____

Are you currently living with someone who is committing crimes? Yes No

Are you currently living with someone who is on probation or parole? Yes No

References – list four references (other than relatives) who know your character.

1. Name: _____

Address: _____ City: _____ State/Zip: _____

Home Phone Number: _____ How many years have they've known you? _____

Email Address: _____ Occupation: _____

2. Name: _____

Address: _____ City: _____ State/Zip: _____

Home Phone Number: _____ How many years have they've known you? _____

Email Address: _____ Occupation: _____

References Continued

4. Name: _____
 Address: _____ City: _____ State/Zip: _____
 Home Phone Number: _____ How many years have they've known you? _____
 Email Address: _____ Occupation: _____

3. Name: _____
 Address: _____ City: _____ State/Zip: _____
 Home Phone Number: _____ How many years have they've known you? _____
 Email Address: _____ Occupation: _____

Education

What is your highest level of education:

- High school diploma _____ Year
- GED or equivalent _____ Year
- College degree _____ Year
- Currently attending college / high school

Name of school currently attending: _____ Grade: _____ Current GPA: _____

Name of high school, city and state graduated from: _____

Name of adult school, city and state for GED: _____

Name of college, city and state for degree(s): _____

What is your degree? _____

What was your major? _____

Have you ever been expelled or suspended from any high school, vocational school or college? Yes No

If yes, please provide a brief explanation: _____

Employment

Have you ever applied to the Watsonville Police Department? Yes No

If Yes, please list year, position, and the result of your application.

Year	Position	Disposition
		<input type="checkbox"/> Hired <input type="checkbox"/> Non-select <input type="checkbox"/> Disqualified <input type="checkbox"/> Application only
		<input type="checkbox"/> Hired <input type="checkbox"/> Non-select <input type="checkbox"/> Disqualified <input type="checkbox"/> Application only

Please list your current and previous employers for the past 5 years. Begin with your current employer and work backward.

Current Employer: _____

Street Address: _____ Suite Number: _____

City: _____ State: _____ Zip Code: _____

Phone number (including area code): _____

Current Supervisor: _____ Phone number: _____

Job Title: _____

Duties or responsibilities: _____

Employment dates Hire date: _____ to _____

Company Name: _____

Street Address: _____ Suite Number: _____

City: _____ State: _____ Zip Code: _____

Phone number (including area code): _____

Current Supervisor: _____ Phone number: _____

Job Title: _____

Duties or responsibilities: _____

Employment dates Hire date: _____ to _____

Reason for leaving: _____

Company Name: _____

Street Address: _____ Suite Number: _____

City: _____ State: _____ Zip Code: _____

Phone number (including area code): _____

Current Supervisor: _____ Phone number: _____

Job Title: _____

Duties or responsibilities: _____

Employment dates Hire date: _____ to _____

Reason for leaving: _____

Employment

Have you ever been fired, terminated, or asked to resign from any place of employment? Yes No

If yes, please list year and circumstances: _____

Would any previous employer decline to rehire you because of your behavior, conduct or attitude? Yes No

If yes, please list year and circumstances: _____

Have you ever been in a fistfight, hostile confrontation or loud argument with a supervisor or coworker? Yes No

If yes, please list year and circumstances: _____

Have you ever been disciplined, suspended, or fired for lying or being untruthful? Yes No

If yes, please list year and circumstances: _____

Within the last five years, have you ever stolen money, property, or equipment from an employer? Yes No

If yes, please list year and circumstances: _____

Military

Have you complied with draft registration laws? Yes No Not applicable

Have you ever served in the military? Yes No Branch of service: _____

Highest rank achieved: _____ Rank when discharged: _____

Type of Discharge: _____

Dates of Service: Enlistment date: _____ to _____

Are you on active military reserve or National Guard? Yes No

Do you have any military police training or experience? Yes No

Have you ever received any judicial or non-judicial disciplinary action, including a Yes No

court martial, Article 15, Captain's Mast or other form of discipline while in the military?

If yes, please provide a brief explanation. _____

Are you eligible to re-enlist? Yes No

If No, why not? _____

Driving

Do you possess a California Driver's License? Yes No

California Driver's License Number: _____ Exp. Date: _____

If No, do you possess a California Identification Card? Yes No

California Identification Number: _____ Exp. Date: _____

Have you ever been issued a driver's license issued in another state? Yes No

If Yes, please list state and year: State: _____ Year: _____

Have you ever been refused a driver's license from any state? Yes No

If Yes, please explain the circumstances including year. _____

Driving Continue

Has your driver's license ever been suspended, restricted, revoked or placed on probation? Yes No
If yes, please provide a brief explanation. _____

During the last 5 years, have you driven a vehicle under the influence of alcohol or drugs? Yes No
If Yes, please explain the circumstances including year. _____

Are you currently driving an uninsured vehicle? Yes No Insurance provider: _____

Legal

Since the age of 14, have you ever been a gang member or associated with a gang member? Yes No
If Yes, please explain the circumstances including year. _____

Since the age of 14, have you committed the crime of graffiti, tagging or similar acts of vandalism? Yes No
If Yes, please explain the circumstances including year. _____

Do you currently associate with relative, family members; friends or associates you know are committing a crime? Yes No
If Yes, please explain the circumstances including year. _____

Have you ever used a prescription drug not prescribed to you? Yes No
If Yes, please explain the circumstances including year. _____

Have you ever sold, provided, or given illegal drugs/narcotics to anyone? Yes No
If Yes, please explain the circumstances including year. _____

Have you ever grown marijuana or manufactured any type of drug or narcotic? Yes No
If Yes, please explain the circumstances including year. _____

Do you associate with any person who uses illegal drugs or narcotics? Yes No
If Yes, please explain the circumstances including year. _____

When was the last time you were present while illegal drugs or narcotics were being used?
Month: _____ Year: _____ Location: _____

Have you ever grown marijuana or manufactured any type of drug or narcotic? Yes No
If Yes, please explain the circumstances including year. _____

Do you associate with any person who uses illegal drugs or narcotics? Yes No
If Yes, please explain the circumstances including year. _____

When was the last time you were present while illegal drugs or narcotics were being used?
Month: _____ Year: _____ Location: _____

Have you ever used, tried, tasted, ingested, inhaled, injected, sniffed, smoked, swallowed, pretended to use, had possession of, simulated use, attempted to use, tested, thought you were using, or experimented with the following?					
	No	Yes	How many times	Month / Year last used	Age last used
Marijuana (grass weed, pot, doobie, mota, joint, refer, ganja)					
Hashish (hash)					
Cocaine (crack, rock, smoked, powder)					
Speed					
Meth (meth-amphetamine, crystal)					
LSD (acid, sugar cube, tabs, white lightning, microdot)					
PCP (angel dust, sherm, killer weed, lovely, whack, love boat)					
Heroin (smack, brown sugar, junk, black tar, "H", mud)					
Opium (dover's power)					
Mushrooms/Peyote (buttons, cactus, shrooms, magic)					
Barbiturates (downers, reds, red devils, pink ladies)					
Amphetamines (uppers, cross tops, whites, bennies)					
Morphine					
Rave Drugs (rohypol, ruffies, rocha, liquid X, love drug)					
Ecstasy (designer drugs, K-hole, E, EXT, GHB, love)					
Amyl Nitrite (rush, locker room, climax, snappers)					
Steroids					
Glue, paint thinner, paint, solvents, aerosols, etc.					

Prior Law Enforcement

Have you ever applied for a position (sworn, civilian, volunteer or intern) with any other law enforcement agency? Yes No

Please provide agency name, year, position and the results of your application.

Year	Agency	Position	Disposition
			<input type="checkbox"/> Hired <input type="checkbox"/> Non-select <input type="checkbox"/> Disqualified <input type="checkbox"/> Application only <input type="checkbox"/> Hired <input type="checkbox"/> Non-select <input type="checkbox"/> Disqualified <input type="checkbox"/> Application only <input type="checkbox"/> Hired <input type="checkbox"/> Non-select <input type="checkbox"/> Disqualified <input type="checkbox"/> Application only

Prior Law Enforcement Continued

Have you had prior law enforcement training? Yes No

If Yes, please provide academy, state, and whether or not you graduated. _____

Have you ever been terminated or resigned in lieu of termination from a law enforcement agency? Yes No

If Yes, please provide a brief explanation. Include agency and year.

Year	Agency	Position	Explanation

The ability to express yourself in writing is extremely important in law enforcement. Please write a thorough essay stating the reasons why you want to become a Cadet with the Watsonville Police Department. Include any qualifications, experience and training you feel would benefit the community and department.

Authorization to Release Information

Full name: _____ Date of Birth: _____

Other names used (maiden, prior marriages, adoption, etc.): _____

I, _____, understand that in connection with the application process, that the
print your name

Watsonville Police Department may request information from my past employers and/or references, and I also understand that such investigation may include a review of any criminal records. I certify that I have provided complete and truthful information to the Watsonville Police Department regarding all sources of information concerning my past employment, education, certification and criminal conviction record, as well as any other information requested in my employment application, and have been fully informed that any misrepresentations or material omissions concerning such information will be grounds for denying my application, withdrawing any offer of appointment or immediate discharge. In order to assist the Watsonville Police Department in obtaining documents and information to confirm my background, I hereby consent to the release of the information as described below.

I request, authorize and consent to the release of information to the Watsonville Police Department regarding my previous and current employment, and authorize all employers or agents that they may designate, to respond forthrightly to verbal or written inquiries from the Watsonville Police Department regarding my employment record, including but not limited to: positions held, dates of employment, beginning and end pay rates; work performance; disciplinary records, reliability and any incidents of dishonesty; insubordination, violence and/or unsafe behavior; harmful or threatening behavior, including information based upon materials in my personnel files.

Further, I direct you to release such information upon request of any duly accredited representative of the Watsonville Police Department, regardless of any agreement, instructions or representations I may have made with your previously to the contrary.

I further request, authorize and consent to the Watsonville Police Department's investigation of whether I have a record of criminal convictions, and if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means. The Watsonville Police Department has advised me that any criminal background check will focus on convictions, and that a conviction as such will not necessarily disqualify me from appointment.

I also waive any and all rights and claims I may have against the Watsonville Police Department, its employees, representatives or agents, former educational institutions, or any person listed as a reference, from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure or release of such information by any person or party, whether such information is favorable or unfavorable to me in compliance with California Civil Code Section 47 as amended. It is with full understanding and consent that I agree that a photocopy of this authorization may be used only for the purposes stated above.

Participant Signature: _____ Date: _____

Parent(s)/Guardian(s) Signature: _____ Date: _____

Parent(s)/Guardian(s) Signature: _____ Date: _____

If the Participant is under 18 years of age or legally incapacitated, both parent(s) or guardian(s) must sign.

Watsonville Police Cadet Post 501 Shooting Range Waiver and Release

I, _____, and I, _____, and
Participant Parent(s) / Guardian(s)
_____, hereby assume all risks of Participant's involvement in the
Parent(s) / Guardian(s)

Watsonville Police Department's Cadet program. I recognize that Participant's involvement in the above-described activity is inherently dangerous and I accept those dangers.

I hereby consent to the administering of medical treatment to Participant in the event of injury, accident, and/or illness during this activity.

I agree that Participant shall obey all orders, rules, and procedures associated with this activity. I also understand that if during Participant's involvement in this activity, Participant exhibits any misconduct or violates any order, rule, or procedure, Participant shall be dismissed from such activity, and depending on the severity of Participant's actions, Participant may also be dismissed from the Cadet Post. I understand that Participant is responsible for the reasonable care of equipment Participant uses in the conduct of this activity and that any wrongful destruction of such equipment will be charged to Participant and/or Participant's parent(s)/guardian(s) shall be responsible for the replacement costs of such items.

In consideration of my/Participant's being permitted to participate in this activity, and on behalf of myself, my executors, administrators, heirs, successors and assigns, I hereby:

- (A) WAIVE, RELEASE AND DISCHARGE FROM LIABILITY the City of Watsonville and its directors, officers, employees, volunteers, representatives and agents, and the activity holders, sponsors, directors and volunteers or the death, injury or property loss or damage of Participant or actions of any kind which may accrue to me as a result of Participant's involvement in this activity and
- (B) Agree to INDEMNIFY AND HOLD HARMLESS the above-mentioned entities or persons from any and all liabilities or claims made by other individuals or entities as a result of any Participant's actions during this activity except for those claims arising from the sole negligent or willful conduct of the City of Watsonville, its employees or agents.

I acknowledge that this waiver, release and indemnity that I have signed will be used by the City of Watsonville and its employees and agents to protect themselves from liability arising from Participant's involvement in the above-described activity, and that it will govern Participant's actions and responsibilities at said activities. I understand that if Participant is injured this waiver release and indemnity will be used against Participant, Participant's parent(s)/guardian(s), and anyone else claiming damages as a result of such injury in any legal action.

This waiver, release, and indemnity shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and understand its content.

If I am signing this form as a parent or guardian, I further certify that I am the parent or guardian of the above-named Participant that that I will hold each of the above-named individuals and entities harmless and indemnify each in the event of any loss whatsoever due to a defect in my legal capacity.

Participant Signature: _____ Date: _____

Parent(s)/Guardian(s) Signature: _____ Date: _____

Parent(s)/Guardian(s) Signature: _____ Date: _____

If the Participant is under 18 years of age or legally incapacitated, both parent(s) or guardian(s) must sign.

Watsonville Police Cadet Post 501 Ride-Along Waiver and Release

I, _____, and I, _____, and
Participant Parent(s) / Guardian(s)
_____, hereby assume all risks of Participant's involvement in the
Parent(s) / Guardian(s)

Watsonville Police Department's Cadet program. I recognize that Participant's involvement in the above-described activity is inherently dangerous and I accept those dangers.

I hereby consent to the administering of medical treatment to Participant in the event of injury, accident, and/or illness during this activity.

I agree that Participant shall obey **all** orders, rules, and procedures associated with this activity. I also understand that if during Participant's involvement in this activity, Participant exhibits any misconduct or violates any order, rule, or procedure, Participant shall be dismissed from such activity, and depending on the severity of Participant's actions, Participant may also be dismissed from the Explorer Post. I understand that Participant is responsible for the reasonable care of equipment Participant uses in the conduct of this activity and that any wrongful destruction of such equipment will be charged to Participant and/or Participant's parent(s)/guardian(s) shall be responsible for the replacement costs of such items.

In consideration of my/Participant's being permitted to participate in this activity, and on behalf of myself, my executors, administrators, heirs, successors and assigns, I hereby:

- (C) **WAIVE, RELEASE AND DISCHARGE FROM LIABILITY** the City of Watsonville and its directors, officers, employees, volunteers, representatives and agents, and the activity holders, sponsors, directors and volunteers or the death, injury or property loss or damage of Participant or actions of any kind which may accrue to me as a result of Participant's involvement in this activity and
- (D) Agree to **INDEMNIFY AND HOLD HARMLESS** the above-mentioned entities or persons from any and all liabilities or claims made by other individuals or entities as a result of any Participant's actions during this activity except for those claims arising from the sole negligent or willful conduct of the City of Watsonville, it's employees or agents.

I acknowledge that this waiver, release and indemnity that I have signed will be used by the City of Carlsbad and its employees and agents to protect themselves from liability arising from Participant's involvement in the above-described activity, and that it will govern Participant's actions and responsibilities at said activities. I understand that if Participant is injured this waiver release and indemnity will be used against Participant, Participant's parent(s)/guardian(s), and anyone else claiming damages as a result of such injury in any legal action.

This waiver, release, and indemnity shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and understand its content.

If I am signing this form as a parent or guardian, I further certify that I am the parent or guardian of the above-named Participant that that I will hold each of the above-named individuals and entities harmless and indemnify each in the event of any loss whatsoever due to a defect in my legal capacity.

Participant Signature: _____ Date: _____

Parent(s)/Guardian(s) Signature: _____ Date: _____

Parent(s)/Guardian(s) Signature: _____ Date: _____

If the Participant is under 18 years of age or legally incapacitated, both parent(s) or guardian(s) must sign.

Exploring brings business and community leaders together to help young people reach their full potential. Exploring offers youth and young adults unique, hands-on experiences in an environment that develops leadership, character, and confidence through many immersive and empowering moments along the way.

OUR MISSION

Deliver character-building experiences and mentorship that allow youth to achieve their full potential in both life and work.

OUR VISION

Shape the workforce of tomorrow by engaging and mentoring today's youth in career and life-enhancing opportunities.

PROGRAM UPDATE: This youth application is to be used only for youth 17 years old and younger. Beginning January 6, 2020, all applicants 18 through 20 years old must complete and submit an adult application, consent to a criminal background check, and successfully complete Youth Protection training. However, an 18- through 20-year-old will still be considered an adult Exploring participant in the post, and not considered an adult leader.

CLUBS

The Exploring club career education program is for young men and women in the sixth, seventh, and eighth grades. They must be at least 10 years old but not yet 15 years old and have completed the fifth grade but have not yet completed the eighth grade. For those individuals who are 15 years old or older, please review the guidelines for joining Exploring posts.

POSTS

The Exploring post career education program is for young men and women who have completed the eighth grade and are at least 14 years old and not yet 21.

Exploring Information for Parents

A parent or guardian must certify that he or she has read this information sheet for all applicants under 18 years of age.

Welcome to Exploring!

Please take the time to review this material and reflect upon its importance.

Exploring and Participating Organizations

Exploring is a program of Learning for Life—a nonprofit organization that provides character and career programs and resources to youth across the country. Exploring is made available to our nation's youth through agreements with community organizations to operate Exploring clubs and Exploring posts.

The participating organization must provide an adequate and safe meeting place and capable adult leadership, and must adhere to the principles and policies of Exploring. The local council provides adult training, program ideas, outdoor facilities, literature, professional guidance for adult leaders, and liability insurance protection.

Exploring's Adult Leaders and You

Exploring's adult leaders provide leadership at the unit, district, council, and national levels. Many are parents of Explorers. Each participating organization establishes a unit committee, which operates its Exploring unit, selects leadership, and provides support for a quality program. Unit committees depend on parents for membership and assistance.

The unit committee selects the post advisor or club sponsor, subject to approval of the head of the participating organization and of Learning for Life. Adult leaders must be good role models because our children's values and lives will be influenced by that adult. You need to know your child's adult leaders and be involved in the unit committee's activities so you can evaluate and help direct that influence.

Exploring uses an interactive program to promote character development, citizenship training, and career education for every participant. You can help by encouraging attendance, attending meetings for parents, and assisting when called upon to help.

Youth Protection Begins With You™. Child abuse is a serious problem in our society, and unfortunately, it can occur anywhere. Youth safety is of paramount importance to Exploring. For that reason, Exploring continues to create barriers to abuse beyond what have previously existed in Exploring.

Exploring places the greatest importance on providing the most secure environment possible for our youth participants. To maintain such an environment, Exploring has developed numerous procedural and adult leader selection policies, and provides parents and adult leaders with numerous online and print resources for the Exploring programs.

Health Information. You should inform your unit leader of any condition that might limit your child's participation. Please fill out the Annual Health and Medical Record found on www.exploring.org and give it to the unit leader.

The annual national registration fee is nonrefundable.

For general questions, contact your local council.

Program Policies

Participating organizations agree to use the Exploring program in accordance with their own policies as well as those of Learning for Life. The program is flexible, but major departures from Exploring methods and policies are not permitted. As a parent, you should be aware that

- Exploring adult participation is restricted to qualified people.
- Citizenship activities are encouraged, but partisan political activities are prohibited.
- Military training and drills are prohibited. Marksmanship and elementary drills for ceremonies are permitted.

Youth Protection Policies

- Two registered adult leaders 21 years of age or over are required at all activities, including meetings. There must be a registered female adult leader 21 years of age or over in every unit serving females. A registered female adult leader 21 years of age or over must be present for any activity involving female youth.
- One-on-one activities between participants and adults are never permitted. Even personal conferences must be conducted in plain view of others.
- Corporal punishment, hazing, and bullying are not permitted in Exploring. Only constructive discipline is acceptable. Parents and unit leaders must work together to solve discipline problems.
- Youth Protection training must be taken every two years. This training can be taken at www.exploring.org/training-safety.
- We encourage all parents to be involved with their Explorer. There are no "secret" organizations in Exploring and all Exploring activities are open to parental visitation.
- If you suspect that a child has been abused, immediately contact the local authorities and the council executive.
- Effective on the participant's 21st birthday, he or she must register as a leader and can no longer be a youth participant.

Policy of Nondiscrimination

Youth participation is open to any youth in the prescribed age group for that particular program. Adults, 21 years of age and older, are selected by participating organizations for involvement in the Learning for Life programs. Color, race, religion, gender, sexual orientation, ethnic background, disability, economic status, and citizenship are not criteria for participation by youth or adults.

Youth and adults involved with Learning for Life programs, including Exploring, are registered with Learning for Life as participants.

Ethnic background information. Please fill in the appropriate circle on the application to indicate ethnic background. This information helps Learning for Life and Exploring plan for success in serving all youth.

Thank You

Learning for Life appreciates you taking time to become familiar with Exploring. We feel that an informed parent is a strong ally in delivering the Exploring program. Help us keep the unit program in accord with Exploring principles. Please do your fair share to support a quality program.

YOUTH INFORMATION

EXPLORING YOUTH APPLICATION

If applicant has an unexpired participant certificate, participation may be accomplished at no charge by transferring the registration. Mark and attach a copy of the certificate.

Transfer application

Transfer from council no.:

Exploring Post

Exploring Club

Number:

Name and address information

First name (No initials or nicknames)

Middle name

Last name

Suffix

Country

Mailing address

City

State

Zip code

Primary phone

Date of birth (mm/dd/yyyy)*

Grade

Ethnic background:

 - -
 / /

Black/African American Native American Alaska Native Asian

Caucasian/White Hispanic/Latino Pacific Islander Other

School

Gender: Male Female

Email address (for youth 13 years of age or older)

Parent/guardian information

Select relationship:

Parent

Legal guardian

First name (No initials or nicknames)

Middle name

Last name

Suffix

Country

Mailing address (If same as above, click here.)

City

State

Zip code

Primary phone

Date of birth (mm/dd/yyyy)

Occupation

Employer

Gender:

 - -
 / /

M

F

Alternate phone

Ext.

Previous Exploring experience

 - - X

Parent/guardian email address

Exploring Post Exploring Club

Number:

I have read the Information for Parents on page 2 and approve this application.

 / /

Date

Signature of parent/guardian

Signature of post advisor or club sponsor

Signature of Explorer

Participation fee \$.

Paid: Cash

Check No. Credit card

*Applicants 18 through 20 years old must complete an adult application.

524-009

Retain on file for three years.