Application for Membership
Florissant Police Explorer Post 9799

Full Legal Name _____

Address _____ City, State, Zip _____

Date of Birth _____ SSN _____ School _____ Grade___

Telephone (Home) _____ Cell _____ Other _____

Parent/Guardians Name(s) _____ Phone (Cell) _____

E-Mail Address _____

References: Please list two Adult References that we may contact:

Ref #1).   Name _____Address_____

City _____State_____Zip_____

Phone_____Time Known_____

Ref #2).   Name _____Address_____

City _____State_____Zip_____

Phone_____Time Known_____

Please use back of form or additional sheet if additional space is required

Please explain your reason for wanting to join a law enforcement explorer post:

_____

_____

List any activities/sports/clubs in which you are involved: _____

_____

Hobbies, if any: _____

Siblings names and ages _____

_____

Have you ever belonged or do you currently belong to another Explorer Post? ____

If so, name and location_____

Have you ever been arrested for a misdemeanor or felony? _____

If yes, please explain _____

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM

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Have you ever received any traffic tickets? _____

Explain_____

_____

Do you have any Social Media Accounts (Facebook, Twitter, Snap Chat, etc.)? ____

 If yes, please provide account username(s)?
Sign-in E-Mail Address_____

Check One   FACEBOOK   OTHER_____

Sign-in E-Mail Address_____

Check One   FACEBOOK   OTHER_____

Explorers and Parents: The information provided above will only be used to monitor Youth Participants social media presence to ensure the image and Standards of the Florissant Police Department are maintained while the Youth is participating in our program.

Is there anything else we should know about your background that might reflect upon your membership with the Florissant Police Explorer Post?

_____

_____

_____

The above information is factual to the best of my knowledge. I understand that any information knowingly misrepresented in this document may terminate my membership in the Florissant Police Explorer Post. I understand that a full background investigation will be conducted and hereby give my permission to conduct this background check.

HAND SIGNED_____PRINTED NAME_____

PARENTS SIGNATURE (required if under 18) _____DATE_____