

**BARSTOW POLICE DEPARTMENT EXPLORER POST #364  
APPLICATION FOR MEMBERSHIP**

(Please print in blue or black ink or type)

1. NAME: \_\_\_\_\_
2. ADDRESS: \_\_\_\_\_
3. CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_
4. PHONE #: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_
5. DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_
6. AGE \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_
7. SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_
8. PRINCIPAL'S NAME: \_\_\_\_\_ G.P.A. \_\_\_\_\_
9. EXTRA CURRICULAR ACTIVITIES: \_\_\_\_\_  
\_\_\_\_\_
10. FATHER'S NAME: \_\_\_\_\_
11. FATHER'S ADDRESS: \_\_\_\_\_
12. FATHER'S EMPLOYER: \_\_\_\_\_
13. EMPLOYER ADDRESS: \_\_\_\_\_ PHONE# \_\_\_\_\_
14. MOTHER'S NAME: \_\_\_\_\_
15. MOTHER'S ADDRESS: \_\_\_\_\_
16. MOTHER'S EMPLOYER: \_\_\_\_\_
17. EMPLOYER ADDRESS: \_\_\_\_\_ PHONE#: \_\_\_\_\_
18. SIBLINGS NAMES & AGES: \_\_\_\_\_  
\_\_\_\_\_
19. NAME & RELATIONSHIP OF CLOSEST RELATIVE NOT LIVING WITH YOU: \_\_\_\_\_
20. ADDRESS: \_\_\_\_\_ PHONE#: \_\_\_\_\_
21. YOUR FAMILY DOCTOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE#: \_\_\_\_\_
22. HOSPITAL PREFERENCE: \_\_\_\_\_

23. DO YOU HAVE ANY RELATIVES IN LAW ENFORCEMENT? \_\_\_\_\_  
IF YES, LIST NAME, AGENCY & POSITION: \_\_\_\_\_

26. HAVE YOU EVER BEEN ARRESTED? \_\_\_\_\_ YES \_\_\_\_\_ NO

27. HAVE YOU EVER RECEIVED A TRAFFIC CITATION? \_\_\_\_\_ YES \_\_\_\_\_ NO

28. HAVE YOU HAD ANY NEGATIVE CONTACT IN LAW ENFORCEMENT?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

29. IF YOU ANSWERED YES TO ANY OF THE ABOVE, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

30. LIST A REFERENCE OTHER THAN A RELATIVE

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

31. IF YOU ARE EMPLOYED, PLEASE PROVIDE THE FOLLOWING:

EMPLOYER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

32. DO YOU HAVE A DRIVER'S LICENSE? \_\_\_\_\_ YES \_\_\_\_\_ NO

33. IF YES, WHAT IS YOUR LICENCE NUMBER: \_\_\_\_\_

I, \_\_\_\_\_, understand that any portion of this form is subject to examination by the Barstow Police Department. I further acknowledge all the information contained will be used solely for the Explorer program and for no other purpose. All of the information contained in this application is true and correct to the best of my knowledge. I further understand that this application will become the property of the Barstow Police Department.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian if under 18 years old: \_\_\_\_\_

