



EVESHAM POLICE DEPARTMENT

Police Explorers Application

POST #22

PERSONAL

Name (F, M, L):	Date of Birth:	Age:
Home Address:		
Email Address:	Cell Phone:	
Mother's Name:	Father's Name:	
Mother's Cell Phone:	Father's Cell Phone:	

EDUCATION

Name of School enrolled:	Highest Grade Completed:
Name of Principal (if applicable):	School Phone:

BACKGROUND

Please explain briefly why you wish to be enrolled in the Evesham Township Police Department Police Explorers. (Space Available on last page if necessary)

Please list any associations, clubs, organizations you may belong to or be affiliated with.



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Have you ever been arrested for, convicted of, and or cited for any offense? Yes___ No___

If yes, explain in detail listing appropriate dates, charges, and location actions were taken.

Have you ever had any ANY contact with police, sheriff, or any other Law Enforcement Agency?

Yes___ No___

If yes, explain in detail of the agency and reason for contact.

Any physical or behavioral conditions that may affect participation? Yes___ No___

If yes, explain in detail.

REFERENCES

Reference #1 Name:	
Relationship:	
Address:	Phone Number:
Reference #2 Name:	
Relationship:	
Address:	Phone Number:



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EMERGENCY CONTACT

Please list two immediate family members or close relatives that can be contacted in the event of an emergency.

Emergency Contact #1 - Name:	Relationship:
Address:	Phone:
Emergency Contact #2 - Name:	Relationship:
Address:	Phone:

MEDICAL INFORMATION

This information is given voluntarily and is part of my health record maintained by the Evesham Township Police Department. This information will be kept confidential and referred only in the event of an emergency.

Please list any medications either prescribed or over the counter that you are currently taking. Describe the purpose the medications are prescribed.

Describe any Allergies You May Have:



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Review this application and answer carefully. Read the statement below prior to signing.

“I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to the questions. I understand that any omissions or false statements on this application shall be sufficient cause for rejections of enrollment or dismissal from the Evesham Township Department Junior Police Academy.”

“I further understand that the Evesham Township Police Department will be conducting a thorough background investigation which may include, but not limiting to, any criminal history and personal references checks.”

Applicant Signature

Date

Parent/ Guardian Signature (if under 18)

Please utilize this page for any additional information.



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<i>EXPLORER ADVISORS ONLY</i>	
Received by:	Received Date:
Accepted into Post: Yes No	Date Accepted/ Denied:

Membership Termination:	<i>FOR OFFICIAL USE ONLY</i>
<input type="checkbox"/> Resigned <input type="checkbox"/> Stopped Attending <input type="checkbox"/> Dismissed	<input type="checkbox"/> Good Standing <input type="checkbox"/> Bad Standing