

MEMBERSHIP APPLICATION



DOUGLAS COUNTY EXPLORER POST #592



(Print All Information Legibly)

NAME (Last, First, MI):	AGE:
DATE OF BIRTH:	GENDER:
ADDRESS:	
CITY / STATE / ZIP:	
HOME/CELL PHONE:	E-MAIL:
SCHOOL:	GRADE:

Name: _____

I affirm all provided information is true to the best of my knowledge. I understand my application for membership will be processed by the Douglas County Sheriff's Office, the charter organization, sponsoring Explorer Post #592, to include a criminal background check. I acknowledge participation in Post activities presents the potential risk for injury.

Signature: _____

PARENT/GUARDIAN INFORMATION

NAME:	
RELATIONSHIP TO APPLICANT:	
ADDRESS: (if different from above)	
CITY / STATE / ZIP: (if different from above)	
HOME PHONE: (if different from above)	WORK PHONE:
E-MAIL:	

I am the parent/guardian of the listed participant and give permission for said minor child to participate in the Douglas County Sheriff's Office's Law Enforcement Explorer Post #592. I understand participants are required to have no criminal arrest history, must maintain an above average grade point average in school, and display morally acceptable behavior. I will endeavor to help maintain such status for said minor child and agree to inform the Explorer Post Advisors if said minor child fails to maintain this status.

Signature: _____

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