CHARLOTTE-MECKLENBURG POLICE DEPARTMENT  Explorer Membership Application					3	Date(mm/dd/yyyy)		
Name Last: Middle:				F	irst:			
Address:								
DOB:	Age:	Phone:	En	nail:				
Father/Male Guardian: Employer:							Phone:	
Mother/Female Guardian: Employer:							Phone:	
School Name:							Phone:	
School Address:							Grade Level:	
School Resource Officer Name and Code #:							GPA:	
SRO Comments:								
SRO Signature:								
Driver's License # (if applicable):  Arrested? No Yes If yes, list charges:							State:	
Arrested? No ☐ Yes Warrants? No ☐ Yes								
		ns? No□ Yes□ If ye	s, expl	ain:				
Employment Record	d				SSN:			
1 Employer:						Phone	Phone:	
Address:					Dates: From to			
2 Employer:						Phone:		
Address: Da						ites: From to		
Previous Involveme	nt in any Expl	orer Post No⊡ Yes⊡	If yes	, explain:				
Address: Dates: I							From to	
Medical History:								
Conditions Requirin	<u> </u>	dication:						
Name of Medication:						Do	Dosage:	
Conditions Requirin		dication:						
Name of Medication:						Do	Dosage:	
Restrictions on Typ	es of Activities	<b>5</b> :						
Allergies Describe:	e:	na 🗌 Bleeding Disord	der 🗌 (	Convulsions⊡ Diabe	tes 🗌 He	eart Cond	dition 🗌	
Insurance Information	on:	Dalla, H			D= 1c	Name :		
Company: Parent/Guardian Sig		Policy #:			טr.′s	Name:		
_	gnature:					Da	te:	
		as are true and correct to t						

The above noted medical history/conditions are true and correct to the best of my knowledge. The person herein named has permission to engage in all Explorer activities except noted by me. In the event of a medical emergency, I hereby give permission to the physician/hospital selected by the adult leader in charge, to render the necessary treatment for the condition/injury sustained while participating in Explorer Post activities.