



South Coffeyville Police Department Explorer Membership Application



DO NOT leave any part of this form blank. If it does not apply, write N/A in the space provided. **PRINT** or **TYPE**

REFERRED BY: (NAME OF EXPLORER) _____

FULL NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

STREET ADDRESS: _____

CITY: _____ COUNTY: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ PAGER: _____

PLACE OF BIRTH: _____

SEX: _____ HEIGHT: _____ WEIGHT: _____

HAIR COLOR: _____ EYE COLOR: _____ BLOOD TYPE: _____

SCHOOL ATTENDING: _____ GRADE: _____

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

SUPERVISOR'S NAME: _____

EMERGENCY CONTACT INFORMATION:

PARENT/GUARDIAN NAME AND ADDRESS: _____

HOME PHONE #: _____ WORK PHONE #: _____

CELL PHONE #: _____ PARENT SIGNATURE: _____

Applicant under age of 18 parent must sign