



# GARDNER POLICE EXPLORERS

## WACHUSETT POST 357

31 CITY HALL AVE. GARDNER, MA 01440 (978)632-5600 EXT.#211

### EXPLORER MEMBERSHIP APPLICATION

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City/Town State Zip Code

HOME PHONE #: (\_\_\_\_) \_\_\_\_--\_\_\_\_ CELL PHONE #: (\_\_\_\_) \_\_\_\_--\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN #: \_\_\_\_-\_\_\_\_-\_\_\_\_ LICENSE #: \_\_\_\_\_

AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_

SCHOOL CURRENTLY ATTENDING: \_\_\_\_\_

CURRENT GPA: \_\_\_\_\_ SCHOOL TELEPHONE: (\_\_\_\_) \_\_\_\_--\_\_\_\_

CURRENT EXTRACURRICULAR ACTIVITIES:  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE#: (\_\_\_\_) \_\_\_\_--\_\_\_\_

### REFERENCES

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_--\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_--\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_--\_\_\_\_

### PARENT/EMERGENCY CONTACT INFORMATION

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_--\_\_\_\_

Father's Work: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_--\_\_\_\_

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_--\_\_\_\_

Mother's Work: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_--\_\_\_\_

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## MEDICAL HISTORY / INFORMATION

Primary Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_--\_\_\_\_\_

HAVE OR SUBJECT TO: (CHECK IF YES)

ASTHMA		VISION PROBLEMS		EPILEPSY	
SEIZURES		EAR PROBLEMS		CANCER	
HEAT CONDITION		NOSE PROBLEMS		HIV / AIDS	
DIABETES		THROAT PROBLEMS		HEPATITIS	
FAINTING SPELLS		RESPIRATORY PROBLEMS		HIGH BLOOD PRESSURE	
STD		DENTAL CONDITION			

DO YOU HAVE A PROBLEM WITH ANY OF THE FOLLOWING? (CHECK IF YES)

WALKING		EYES		LUNGS	
TOES		KIDNEYS		ANKLES	
HEART		KNEES		NECK	
ADD / ADHD		HEAD		TEETH	
RUNNING		MOUTH		SKIN	
NERVOUS SYSTEM		MUSCLES		TORSO	
BONES		TENDONS		LEGS	

Are you currently taking any medication? \_\_\_\_\_ YES \_\_\_\_\_ NO

Current Medications: \_\_\_\_\_

Reasons: \_\_\_\_\_

List any dietary restrictions: \_\_\_\_\_

List any allergies: \_\_\_\_\_

List any physical activity that you cannot perform, or have difficulty performing in any way:

\_\_\_\_\_

Reason behind inability to perform actions:

\_\_\_\_\_

List any other health problems that have not been covered above:

\_\_\_\_\_

*This health history is correct as far as I know, and the person herein described has my permission to engage in all physical activities, except as noted by me. I also understand that it is my responsibility to update any medical or health information to the post advisors when necessary.*

Applicant Signature

Date

Parent or Legal Guardian Signature

Date

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## APPLICANT QUESTIONS

Have you ever had any traffic violations (tickets)?  YES  NO  
If Yes, Explain (Date / Reason/ Department):

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Have you ever been arrested or detained by the police for any reason?  YES  NO  
If Yes, Explain (Date / Reason / Department):

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Have you had any academic problems in school?  YES  NO  
If Yes, Explain:

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Are you willing to attend weekly meetings (Wednesdays, 6pm – 8pm) and work at scheduled explorer events?  YES  NO

Are you willing to purchase all necessary equipment required of all Gardner Police Explorers (approx. \$300.00 total)?  YES  NO

Are you willing to abide and follow all rules and regulations established by the Gardner Police Explorers and Learning for Life?  YES  NO

*My signature affirms that all previous information given in this application is true and any attempt to give false information, written or oral, with intent to mislead the representatives of the Gardner Police Explorers, will result in my membership application being immediately rejected. If I am accepted for membership and it is later found that false or misleading information was purposely provided in the application process, I acknowledge that I will be dismissed immediately from the Gardner Police Explorers.*

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Applicant Signature

Date

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Parent or Legal Guardian Signature

Date

\*\*\*\*Applicants will be notified by telephone if their application is accepted and will be given a date and time for an oral board (interview), to be conducted by the post advisors and post officers. Dress for the oral board will dress pants and collared shirt with shoes (girls will also have the option of skirt or dress). If the applicant passes the oral board they will then be given a date and time for the physical fitness test. A description of the test will be given to the applicant at the time of his/her oral board.

