EXPLORER APPLICATION

420 15th Street, Manhattan Beach CA 90266 (310) 802-5140



						APF	PLICANT					
Last Name			First Name						Middle Name	Middle Name		
Sex	Height	Weigh	t H	Iair	Eye	10	Date of Birth		Driver's Licens	se Number (If A	nnlicable)	
SCA	Ticigit	Weigh		ıan	Lyc	<i>'</i> 3	Date of Birtin		Differ s Licens	se rumber (if A)	ррпсаотс)	
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Home Address					Apt/Unit	City		State	Zip Code	Phone Number	er	
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Work/School A	ddress		Grade			City	ty State		Zip Code	Phone Number		
										()		
Father or Legal Guardian's Name			Home Address							Phone Number		
(Last, First)										()		
			Work Ad	Work Address							Phone Number	
										()		
Mother or Lega	d Guardian's N	Iama	Ноте А	Home Address							Phone Number	
(Last, First)	ii Guaruran s iv	vaine	nome Address							()		
			Work Address							Phone Number		
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Vehicle Year/N	Iake	Model	Col	olor		Licen	se Plate Number	Insurance	Information			
			•					•				
						REF	ERENCES					
Please list	two adult	reference	s who c	an co				ty for or	ır nrogram R	eferences o	can be teachers,	
counselors								<i>i</i> y 101 00	ii program. T	tererences (can be teachers,	
Name (Last, Fi	rst)	ors, erergy	Address	icasc	do not	use 1	Ciatives.		Phone Number		Title/Position	
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Nama (Last Ei	rot)		Address						Phone Number		Title/Position	
Name (Last, 11	Name (Last, First)		Address	Address							Title/Tosition	
				\mathbf{E}	MERG	ENC	Y INFORM	ATION	V			
In case of	an emerge	ency, plea	se provi	de aı	n emerg	gency	contact othe	r than tl	he parent or g	uardian(s) l	listed above.	
Name (Last, Fi	rst)	Relation	ship	Addres	SS					Phone Number	er	
										()		
Physician's Na	me	I	1	Addres	ss					Phone Number	er	
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Medical Conce	rns (Allergies	Medications. S	pecial Need	ds etc.)								
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POLICE DEPARTMENT USE ONLY				Y Background Date			A (1		1	App 🗆 I	Rej 🗆	
Date Received	Ir	nterview Date	Bac	ckgrou	ind Date		Autobiography D	ate	Advisor	/	Supervisor	
В	y:	Ву	y:		В	By:		By:		/		
ID No												

BACKGROUND

Please answer all of the following questions. Yes answers alone may not cause your application to be rejected, however, any **false statements** or **omissions** will result in disqualification from the program.

Have you ever been arrested?	Yes□	No□
Have you ever received a ticket?	Yes□	No□
Have you ever had the police called on you, or had a negative police contact?	Yes□	No□
Have you ever been under the influence of alcohol?	Yes□	No□
Have you ever used or possessed any illegal drugs, including marijuana?	Yes□	No□
Have you ever stolen anything?	Yes□	No□
Have you ever been involved in a physical fight with someone else?	Yes□	No□
Have you ever been suspended from school?	Yes□	No□
Have you ever been a member of a gang, or associated with known gang members?	Yes□	No□
Have you ever committed an act of vandalism?	Yes□	No□
Have you ever been the victim of a crime?	Yes□	No□
Have you been hospitalized in the past 5 years?	Yes□	No□

If you answered yes to any of the questions above, please explain in detail below. Include approximumber of times you engaged in each activity, etc. Attach a separate sheet of paper if needed.	ate dates,



AUTHORIZED RELEASE

I,	, understand that any portio	on of this application is subject
to examination by the City of	Manhattan Beach Police Department	, and/or the staff of Manhattan
Beach Explorer Post 420. I ac	cknowledge that all of the information	n contained herein will be used
solely for the Explorer post, a	nd for no other purpose. I hereby atte	est that all of the information
contained herein is, to the best	t of my knowledge, true and correct.	
	Applicant's Signature	-
	Applicant's Signature	
	Parent/Guardian's Signature	-
	ACKNOWLEDGEMENT	
I hereby acknowledge that if I	am selected as a member of Manhat	tan Beach Explorer Post 420,
my primary objective will be t	to study the field of Law Enforcemen	at and it's possibilities for career
opportunities. I acknowledge	that teamwork is a necessary ingredi	ent for the success of the post.
I will strive to achieve the obj	ectives and ideals of the post and ded	licate myself to the support of
good law enforcement. I will	maintain myself, both physically and	I mentally as an asset to the
Police Department and the cor	nmunity.	
NEORC	Applicant's Signature	
W. C. W.		

Parent/Guardian's Signature