



TITUSVILLE POLICE DEPARTMENT

POUCE EXPIORER POST # 486

1100 JOHN GLENN BOULEVARD TITUSVIIIIE,
Florida 32780 PHONE: (321) 264-7800



TITUSVILLE POLICE EXPLORER APPLICATION PACKAGE

- • *USECOND TO NONE"*



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TITUSVILLE, FLORIDA 32780
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APPLICATION FOR TITUSVILLE POLICE EXPLORERS

SOCIAL SECURITY NUMBER: _____

DATE: _____

NAME: _____

PRESENT ADDRESS: _____ (LAST) _____ (FIRST) _____ (MIDDLE) _____
ZIP: _____ PHONE: _____

LAST ADDRESS: _____ ZIP: _____ PHONE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

ARE YOU A UNITED STATES CITIZEN? _____

NAME OF SCHOOL YOU ATTEND: _____ GRADE LEVEL: _____

GRADE POINT AVERAGE: _____

NEXT OF KIN: _____ RELATIONSHIP: _____

PRESENT ADDRESS: _____ ZIP: _____ PHONE: _____

DO YOU HAVE A DRIVER'S LICENSE? YES: _____ NO: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____ EXPIRES: _____

DO YOU HAVE A VEHICLE: YES: _____ NO: _____

TYPE OF VEHICLE: _____ YEAR: _____ COLOR: _____ TAG: _____

PRESENT OR LAST EMPLOYMENT: _____ PHONE: _____

ADDRESS: _____ ZIP: _____

HAVE YOU EVER BEEN ARRESTED FOR ANY OFFENSE? (INCLUDE TRAFFIC VIOLATIONS.): _____

((SECOND TO NONE))

MEDICAL HISTORY

DO YOU NOW, OR HAVE YOU EVER SUFFERED FROM ANY OF THE FOLLOWING?

| | | | |
|-------|-----------------|-------|---------------------|
| ----- | SINUS TROUBLE | ----- | EAR ACHE/INFECTION |
| ----- | RHEUMATIC FEVER | ----- | TUBERCULOSIS |
| ----- | EPILEPSY | ----- | SEVERE STOMACH PAIN |
| ----- | KIDNEY DISEASE | ----- | FAINTING SPELLS |
| ----- | HAY FEVER | ----- | DIABETES |
| ----- | ASTHMA | ----- | FREQUENT DIARRHEA |

FOR FEMALES ONLY:
MENSTRUAL PROBLEMS

DO YOU HAVE ANY ALLERGIC REACTIONS TO ANY MEDICATIONS? IF SO WHAT?

DO YOU GET OUT OF BREATH EASILY? _____

HAVE YOU HAD MORE THAN MINOR ILLNESSES OR INJURY DURING THE PAST YEAR? PLEASE EXPLAIN.

ANY CONDITIONS NOW REQUIRING MEDICATION OR TREATMENT? PLEASE EXPLAIN.

HAVE YOU EVER HAD ANY OPERATIONS OR SERIOUS INJURIES? PLEASE EXPLAIN.

ARE THERE ANY RESTRICTIONS OF ACTIVITY FOR MEDICAL REASONS? IF YES, PLEASE EXPLAIN.

HAVE YOU EVER HAD ANY OF THE Following?

| | | | |
|------|-------------|------|-----------------|
| ---- | MEASLES | ---- | DIPHTHERIA |
| ---- | MUMPS | ---- | TETANUS THYROID |
| ---- | CHICKEN POX | ---- | SCARLET FEVER |
| ---- | POLIO | | |

HAVE YOU BEE IMMUNIZED AGAINST THE Following?

DATE OF LAST INOCULATION

MEASLES
MUMPS
CHICKEN POX
POLIO
DIPHTHERIA
TETANUS THYROID
SCARLET FEVER

FAMILY PHYSICIAN AND PHONE NUMBER:
EXPLORER NAME:
DATE OF BIRTH:
BLOOD TYPE:

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

PARENT/GUARDIAN: _____
ADDRESS:
HOME PHONE:
WORK PHONE:
OTHER: *SECOND TO NONE"*

PLEASE LIST FOUR (4) LOCAL, NON-RELATED REFERENCES WHO HAVE KNOWN YOU FOR NO LESS THAN ONE YEAR.

| | | |
|-------------|----------------|--------------|
| NAME: _____ | ADDRESS: _____ | PHONE: _____ |
| NAME: _____ | ADDRESS: _____ | PHONE: _____ |
| NAME: _____ | ADDRESS: _____ | PHONE: _____ |
| NAME: _____ | ADDRESS: _____ | PHONE: _____ |

I DO SWEAR OR AFFIRM THAT MY ANSWERS TO THE QUESTIONS ON THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I UNDERSTAND THE BY-LAWS OF THE POST AND THAT IF I AM UNDER EIGHTEEN (18) YEARS OF AGE I HAVE MY PARENTS CONSENT TO JOIN THE **TITUSVILLE POLICE EXPLORERS.**

(SIGNATURE OF APPLICANT)

(SIGNATURE OF PARENT)

ACCEPTED: _____

REJECTED: _____

WHY:

CHIEF OF EXPLORERS

MEMBERSHIP CHAIRMAN

HEAD ADVISOR OF EXPLORERS