

City of Dickson  
Parks and Recreation  
Explorer Post  
APPLICATION FOR MEMBERSHIP

Date of Application: \_\_\_\_\_ Date Accepted: \_\_\_\_\_

This application is very important, please fill in each space. If any space does not apply to you, please place an N/A in that space.

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City)  
(State/Zip)

Phone: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ D.O.B. \_\_\_\_\_

School Attending: \_\_\_\_\_ Address: \_\_\_\_\_

Grade: \_\_\_\_\_ Principal Name: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State/Zip)

Work Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Do you have a driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is your driver's license number? \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain in detail. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any traffic citations. \_\_\_\_\_

Why do you desire membership?

---

---

---

---

Please list any members of your family in Parks and Recreation.

---

---

---

PARENTS

Father: \_\_\_\_\_ Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Number: \_\_\_\_\_

Mother: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Number: \_\_\_\_\_

SIBLINGS

Sister: \_\_\_\_\_ (2) \_\_\_\_\_

Brother: \_\_\_\_\_ (2) \_\_\_\_\_

HOSPITAL PREFERENCE

---

(Name) (Address) (Phone)

FAMILY PHYSICIAN

---

(Name) (Address) (Phone)

List two (2) references (DO NOT LIST RELATIVES/TEACHERS)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

---

Signature:

Date: