

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 three references (DO NOT LIST RELATIVES / TEACHERS)

Name : _____ Address : _____

Phone : _____

Name : _____ Address : _____

Phone : _____

Name : _____ Address : _____

Phone : _____

I UNDERSTAND THAT ANY PORTION OF THIS APPLICATION IS SUBJECT TO BE REVIEWED AND EXAMINED BY THE DICKSON POLICE DEPARTMENT AND THE DICKSON COUNTY SHERIFF'S OFFICE. THE INFORMATION CONTAINED ON THIS APPLICATION WILL BE USED SOLELY FOR MEMBERSHIP INTO EXPLORER POST # 435 AND FOR NO OTHER REASON.

Signature / Date