

## Gonzales Police Department Explorer Post 370

## \*\*\*\*APPLICATION\*\*\*\*

109 Fourth Street / PO Box 647 Gonzales, California 93926 (831) 675-5010 / 675-8341 Fax

	8		DATE:
			D.O.B:
NAME:	FIRST	MIDDLE	MONTH DAY YEAR
LAST	FIRST	IAIIDDLL	morti. Ditt 1211
ADDRESS:	D.O. POV and/or	STREET ADDRESS	
HANE TELEBRIONE	P.O. BOX and/or	SIREEI ADDRESS	S CITIZEN: YES NO
HOME IELEPHONE	OFV.	UEIGHT:	WEIGHT:
RACE:	SEX:	COLOR:	S. CITIZEN: YES NO WEIGHT:
HAIR COLOR:	E I E S	DDIVE	R LICENSE #:
SOCIAL SECURITY	NO.#:	EDUCATION I E	VEI -
OCCUPATION:		EDUCATION LL	PHONE:
PLACE OF BUSINE	SS:		PHONE.
PHYSICAL DEFECT	S (If applicable, expl	ain in detail)	
PERSON TO BE CO			
NAME	-	ADDRESS	PHONE
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DATE ACCEPTED:	************	<b>在在在在在在在在在在在在在在在在在在在在</b> 在在	***********
DATE RESIGNED:_		LETTER AT	TACHED: YES or NO
REMARKS:		·	
ADVISORS SIGNAT	'URE:	· 存证未在在未完在在在在在上的,在在在在在在在在在上的。	
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PERSONAL INFORMATION SUPPLEMENT FORM	DATE:
NAME:	DATE OF BIRTH:
ADDRESS:	TELEPHONE #:
PLACE OF BIRTH:	
IF YOU STILL ATTEND SCHOOL PLEASE COMPLET	E THE FOLLOWING:
NAME OF SCHOOL:	
ADDRESS AND TELEPHONE #:	p <sup>2</sup>
	2
GRADE POINT AVERAGE:	
COUNSELOR'S NAME:	
GRADE/YEAR IN SCHOL:	
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			Parent/o	Business phone	US	Hirst nam	Parent/gi Select re	Email ad		Phone	Country	Name an		PART
Pa	Signature of post or club leader		Parent/quardian email address	phone -	Mailing address	Hirst name (No initials or nicknames)	Parent/guardian information Select relationship:	Email address (Post youth participant only)		H	Mailing address	Name and address information (Please print one letter in each space—press hard, you are making a copy.)  First name (No initials or nicknames).  Middle name	If applicant has an unexpired participant certificate, participation may be accomplished at no charge by transferring the registration. Mark and attach a copy of the certificate.  O Transfer application  Transfer from council no.:	PARTICIPANT
Participation fee	b leader		nddrass		S S S S S S S S S S S S S S S S S S S	or nicknames	tion	th participant o			S.	mation (Pleas or nicknames)	pired participa	
<b>\$</b>	2		×	,			O Parent	niy)				e print one let	nt certificate, p Transfer fro	
		Ħ		Ext. Previo						Date of birth	H	ter in each sp	pertificate, participation ma  Transfer from council no.:	
Paid: Cash		® H		Previous			O Guardian			Date of birth (mm/dd/yyyy)		ace—press h	y be accomplis	
Check No.	Date	H		/ Cucupal / Cucu		Middle name	5				H	Middle name	shed at no char	
No.	H			Derience			O Grandparent		H	Grade		aking a copy.	ge by transferr	
Credit card	Ħ											Ħ_	ing the registra	
	Signa Signa					Last name			Gender:	Ethnic ba O Black O Cauc		Last name	ition. Mark and	
Signature of Explorer	I have read the attached info (signature of parent/guardian Signature of parent/guardian			Employer		H	O Other (specify)		O Male	Ethnic background:  O Black/African American O Native American O Caucasian/White O Hispanic/Latino	B		l attach a copy	(
3	ched informati /guardian requ /guardian								O Female	n O Native Americar			a copy of the certific:   Exploring Post	C Expraining Fost
	on sheet and a lired if applicar			Cell phone					male			H	ate.  O Explorer Club	C Explorer on a
	I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).  Signature of parent/guardian  Signature of parent/guardian				State					O Alaska Native O Pacific Islander	State		Club Number:	Aub Nullibei.
	plication years of age).			O M	Zip code					e O Asian der O Other	Zip code	Suffix	#. 	
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LOCAL OFFICE COPY

Retain on file for three years. 524-009