



Gonzales Police Department

Explorer Post 370

****APPLICATION****

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

DATE: _____

NAME: _____ D.O.B: _____
LAST FIRST MIDDLE MONTH DAY YEAR

ADDRESS: _____

P.O. BOX and/or STREET ADDRESS

HOME TELEPHONE: _____ U.S. CITIZEN: YES NO

RACE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____

HAIR COLOR: _____ EYES COLOR: _____

SOCIAL SECURITY NO.#: _____ DRIVER LICENSE #: _____

OCCUPATION: _____ EDUCATION LEVEL: _____

PLACE OF BUSINESS: _____ PHONE: _____

PHYSICAL DEFECTS (If applicable, explain in detail)

PERSON TO BE CONTACTED IN CASE OF EMERGENCY:

NAME ADDRESS PHONE

*****DO NOT WRITE BEYOND THIS*****

DATE ACCEPTED: _____ ADVISORS SIGNATURE: _____

DATE RESIGNED: _____ LETTER ATTACHED: YES or NO

REMARKS: _____

ADVISORS SIGNATURE: _____

DATE TERMINATED: _____ ADVISORS SIGNATURE: _____

REASON /
REMARKS _____



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PERSONAL INFORMATION SUPPLEMENT FORM

DATE: _____

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ TELEPHONE #: _____

PLACE OF BIRTH: _____

IF YOU STILL ATTEND SCHOOL PLEASE COMPLETE THE FOLLOWING:

NAME OF SCHOOL: _____

ADDRESS AND TELEPHONE #: _____

GRADE POINT AVERAGE: _____

COUNSELOR'S NAME: _____

GRADE/YEAR IN SCHOL: _____
