



# FLEMINGTON POLICE DEPARTMENT EXPLORER APPLICATION



**NAME:**

**ADDRESS:**

<b>DATE OF BIRTH:</b>	<b>AGE:</b>	<b>SOCIAL SECURITY NUMBER:</b>
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<b>CELL PHONE:</b>	<b>EMAIL:</b>
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<b>DRIVERS LICENSE NUMBER:</b>	<b>STATE:</b>
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**PARENT / GUARDIAN**

**NAME:**

**ADDRESS:**

<b>CELL PHONE:</b>	<b>EMAIL:</b>
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**PARENT / GUARDIAN #2**

**NAME:**

**ADDRESS:**

<b>CELL PHONE:</b>	<b>EMAIL:</b>
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**EDUCATION / WORK**

<b>CURRENT SCHOOL:</b>	<b>CURRENT GRADE:</b>
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**CURRENT PLACE OF EMPLOYMENT:**

<b>POSITION THERE:</b>	<b>YEARS EMPLOYED THERE:</b>
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**MEDICAL DISCLAIMER**

I have no medical conditions that would prohibit me from performing light physical activity.

Parent / Guardian Initials \_\_\_\_\_ Explorers Initials \_\_\_\_\_

Participant – Print Name	Participant Signature	Date
Parent/Guardian – Print Name <small>(Required if participant is under 18 years old.)</small>	Parent/Guardian Signature	Date