



**SOUTH SAN FRANCISCO POLICE DEPARTMENT**  
**EXPLORER POST 850**  
**APPLICATION**



**Complete this form to apply as a “Police Explorer,” with the South San Francisco Police Department**

<b><u>PERSONAL INFORMATION</u></b>			
Name:	Age:	DOB:	Driver License #:
Address:	City:	Zip Code:	Social Security #:
Height:	Weight:	Hair:	Eyes:
Home Ph:	Cell Phone:	E-Mail:	
<b><u>EDUCATION INFORMATION</u></b>			
Current School:		What Grade/Year Are You In?:	
GPA (Last Term/Semester):		Overall GPA:	
Favorite Academic Subject(s):			School Phone #:
<b><u>EMPLOYMENT INFORMATION:</u></b>			
Employer Name:		Occupation:	
Employer Address:		Employer Phone #:	
City	State	Zip Code	
Bus Ph:	Bus Fax:	Email Address	
<b><u>EMERGENCY CONTACT INFORMATION</u></b>			
Name	Phone	Alt Phone	

**In submitting this application, I certify and agree to each of the conditions listed below:**

1. I have discussed this application and the commitments involved in the police explorer program. I have received permission from both my parents/legal guardians to participate in the Explorer Post.
2. I authorize any member of the South San Francisco Police Department to verify all information contained herein.
3. All information is true and correct to the best of my knowledge.
4. Falsified information will remove my application from consideration.
5. I understand that I MUST participate in one regularly scheduled meeting per month, as well as complete 10 HOURS of service per month with the Police Department and community of South San Francisco.

**Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_**

**Parent/Legal Guardian Signature \_\_\_\_\_**

Return the completed form to:  
 South San Francisco Police Department Attn: SCHOOL LIAISON OFFICER  
 33 Arroyo Drive Suite C South San Francisco, CA 94080