Explorer Club

For Sixth-, Seventh-, and Eighth-Graders

The Explorer Club Learning for Life career education program is for young men and women who are in the sixth, seventh, and eighth grades.

The Explorer Club's purpose is to provide experiences to help young people learn about different careers.

Real-World Career Experiences

Exploring®

The Exploring Learning for Life career education program is for young men and women who are at least 14 (and have completed the eighth grade) or 15 years of age but not yet 21 years old.

Exploring's purpose is to provide experiences to help young people mature and become responsible and caring adults. Explorers are ready to explore the meaning of interdependence in their personal relationships.

YOUTH APPLICATION

Exploring is based on a unique and dynamic relationship between youth and the organizations in their communities. Local community organizations initiate a specific Explorer post or club by matching their people and program resources to the interests of young people in the community. The result is a program of activities that helps youth pursue their special interests, grow, and develop.

Explorer posts/clubs can specialize in a variety of career skills. Exploring programs are based upon five areas of emphasis: career opportunities, life skills, citizenship, character education, and leadership experience.

LEARNING FOR LIFE®

Tips for completing the Application for Exploring Youth Participant:

- Print—do not use cursive.
- Use black or dark blue ink.
- Press firmly when printing.
- Print one letter only in each box.
- Use uppercase letters and stay within the blue boxes for legibility.
- Fill in circles; do not use check marks.
- Make sure you have all needed signatures on application.
- Don't alter the application—it could affect the quality of the scan.

Mailing address example:

7	0	3		F	I	R	S	T		S	T	

Participant Chart

Term per month	Youth/adult participant fee
1	2.00
2	4.00
3	6.00
4	8.00
5	10.00
6	12.00
7	14.00
8	16.00
9	18.00
10	20.00
11	22.00
12	24.00
13	26.00
14	28.00
15	30.00
16	32.00
17	34.00
18	36.00

Cut along dotted line.

TEMPORARY PARTICIPANT CERTIFICATE
(Good for 60 days)
This certifies that

_____

is a member of _____

_____
Post or club leader signature

_____
Date

Explorer Club Exploring — Real-World Career Experiences

USE BLACK OR DARK BLUE INK ONLY.

- Print—do not use cursive.
- Print one letter or number only in each box.
- Use uppercase letters and stay within the blue boxes for legibility.

- Fill in radio buttons completely.

○ Exploring Post ○ Explorer Club Number:

(Print one letter in each space—press hard, you are making a copy.)

First name: KATHLEEN Middle name: JANE Last name: SMITH Suffix:

Country: US Mailing address: 1234 ANY STREET City: ANYTOWN State: NY Zip code: 12345

Phone: 555-123-4567 Date of birth (mm/dd/yyyy): 01/01/1998 Grade: 10

Ethnic background: ○ Black/African American ● Native American ○ Alaska Native ○ Asian ○ Caucasian/White ○ Hispanic/Latino ○ Pacific Islander ○ Other

Gender: ○ Male ● Female

School: OAK TREE HIGH SCHOOL

Email address (Post youth participant only): KATHYJS@MYMAIL.COM

Parent/guardian information

Select relationship: ○ Parent ○ Guardian ● Grandparent ○ Other (specify)

First name (No initials or nicknames): DEBORAH Middle name: SUE Last name: SMITH Suffix:

Country: US Mailing address: 1234 ANY STREET City: ANYTOWN State: NY Zip code: 12345

Home phone: 555-123-4567 Date of birth (mm/dd/yyyy): 01/01/1972 Occupation: VP OPERATION Employer: RGK INTL Gender: ○ M ● F

Business phone: 555-765-4321 Ext. x Previous Exploring experience: FIRE EXPLORER Cell phone: 555-253-6118

Parent/guardian email address: DEBORAH.SMITH@

- Make sure you have all needed signatures on application.

I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).

Bill Taylor
Signature of post or club leader

05/13/2013
Date

Deborah Sue Smith

524-009

tain on file for three years.

YOUTH PARTICIPANT

○ Exploring Post ○ Explorer Club Number:

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.

○ Transfer application Transfer from council no.:

○ Exploring Post ○ Explorer Club Number:

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 Last name Suffix

Country Mailing address City State Zip code

U S

Phone - - Date of birth (mm/dd/yyyy) / / Grade

Ethnic background:

○ Black/African American ○ Native American ○ Alaska Native ○ Asian

○ Caucasian/White ○ Hispanic/Latino ○ Pacific Islander ○ Other

School

Gender: ○ Male ○ Female

Email address (Post youth participant only) @

LOCAL OFFICE COPY

Parent/guardian information

Select relationship: ○ Parent ○ Guardian ○ Grandparent ○ Other (specify)

First name **(No initials or nicknames)** Middle name Last name Suffix

Country Mailing address City State Zip code

U S

Home phone - - Date of birth (mm/dd/yyyy) / / Occupation Employer Gender: ○ M ○ F

Business phone - - X Ext. Previous Exploring experience Cell phone - -

Parent/guardian email address @

524-009

Retain on file for three years.

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 post or club leader Date / /

Signature of parent/guardian

$. Paid: Cash Check No. Credit card

Signature of Explorer

○ Transfer application Transfer from council no.: ☐☐☐

○ Exploring Post ○ Explorer Club Number: ☐☐☐☐

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 | Last name | Suffix

Country | Mailing address | City | State | Zip code

US

Phone ☐☐☐ - ☐☐☐ - ☐☐☐☐ Date of birth (mm/dd/yyyy) ☐☐ / ☐☐ / ☐☐☐☐ Grade ☐☐

Ethnic background:

○ Black/African American ○ Native American ○ Alaska Native ○ Asian

○ Caucasian/White ○ Hispanic/Latino ○ Pacific Islander ○ Other

School

Gender: ○ Male ○ Female

Email address (Post youth participant only) @

POST OR CLUB COPY

Parent/guardian information

Select relationship: ○ Parent ○ Guardian ○ Grandparent ○ Other (specify)

First name **(No initials or nicknames)** | Middle name | Last name | Suffix

Country | Mailing address | City | State | Zip code

US

Home phone ☐☐☐ - ☐☐☐ - ☐☐☐☐ Date of birth (mm/dd/yyyy) ☐☐ / ☐☐ / ☐☐☐☐ Occupation Employer

Gender: ○ M ○ F

Business phone ☐☐☐ - ☐☐☐ - ☐☐☐☐ X Ext. ☐☐☐☐ Previous Exploring experience Cell phone ☐☐☐ - ☐☐☐ - ☐☐☐☐

Parent/guardian email address @

Retain on file for three years. 524-009

Signature of post or club leader Date ☐☐ / ☐☐ / ☐☐☐☐

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 Explorer

Participation fee $ ☐☐ . ☐☐ Paid: ☐ Cash ☐ Check No. _____ ☐ Credit card

YOUTH PARTICIPANT

○ Exploring Post ○ Explorer Club Number:

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.

○ Transfer application Transfer from council no.:

○ Exploring Post ○ Explorer Club Number:

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 Last name Suffix

Country Mailing address City State Zip code

US

Phone - - Date of birth (mm/dd/yyyy) / / Grade

Ethnic background:

○ Black/African American ○ Native American ○ Alaska Native ○ Asian

○ Caucasian/White ○ Hispanic/Latino ○ Pacific Islander ○ Other

School

Gender: ○ Male ○ Female

Email address (Post youth participant only) @

Parent/guardian information

Select relationship: ○ Parent ○ Guardian ○ Grandparent ○ Other (specify)

First name **(No initials or nicknames)** Middle name Last name Suffix

Country Mailing address City State Zip code

US

Home phone - - Date of birth (mm/dd/yyyy) / / Occupation Employer

Gender: ○ M ○ F

Business phone - - X Ext. Previous Exploring experience Cell phone - -

Parent/guardian email address @

Signature of post or club leader Date / /

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

Participation fee $. Paid: Cash Check No. Credit card

Signature of Explorer

EXPLORER COPY/RECEIPT

524-009

Retain on file for three years.

BATTLE CREEK POLICE DEPARTMENT

POLICE EXPLORER CANDIDATE

CONFIDENTIAL QUESTIONNAIRE

Applicants Full Name _____

Applicants Address _____

_____

_____

Date completed _____

Equal Opportunity/Affirmative Action Employer

04/2015

Biographical Data

Name: _____
Last First Middle Maiden

Current Address: _____
Street Apt#

_____
City State Zip Code County

Home Phone ( ) _____

Work Phone ( ) _____ Social Security number ____/____/____

Cell Phone ( ) _____

Email Address: _____ Driver's License: _____
State and Number

City of Birth _____

Can you legally work in the United States? Yes [ ] No [ ]

U.S. Passport: Yes [ ] No [ ] Passport Number: _____

List other names used (previous married name, nicknames, etc.)

_____ _____ _____
Investigators Initials Date Applicants Initial

Current and Former Addresses

List complete addresses for the past ten years. (Including college addressed)
(List current address first)

_____ From: _____ To _____
Street Apt(Dorm) City State Zip

_____ From: _____ To _____
Street Apt(Dorm) City State Zip

_____ From: _____ To _____
Street Apt(Dorm) City State Zip

_____ From: _____ To _____
Street Apt(Dorm) City State Zip

_____ From: _____ To _____
Street Apt(Dorm) City State Zip

_____ From: _____ To _____
Street Apt(Dorm) City State Zip

_____ From: _____ To _____
Street Apt(Dorm) City State Zip

_____ From: _____ To _____
Street Apt(Dorm) City State Zip

_____ From: _____ To _____
Street Apt(Dorm) City State Zip

Use reverse side of page for additional data, if needed.

_____ _____ _____
Investigators Initial Date Applicant Initials

Do not sign this section until instructed to do so by investigator

Education
High Schools/Vocational Schools
(List most recent first)

1. School: _____

   Address: _____
   Street City State Zip

2. School: _____

   Address: _____
   Street City State Zip

Approximate Grade Point Average _____ Highest Grade Completed_____

Extra Curriculum Activities (Sports, band, etc,..)

Use reverse side of page for additional data, if needed.

_____ _____ _____
Investigator Initial Date Applicant Initials

Do not sign this section until instructed to do so by investigator

Employment History

Current Employer: _____

Address: _____

Phone: _____ Position/Title: _____
Full time [ ] Part time [ ] Internship [ ] Volunteer [ ] Salaried [ ]

Dates of employment: From: ___/___/___ To: ____/___/___

Reason for leaving: (Excluding Medical Reasons) _____

_____

Supervisor's name and title: _____

Current Employer: _____

Address: _____

Phone: _____ Position/Title: _____
Full time [ ] Part time [ ] Internship [ ] Volunteer [ ] Salaried [ ]

Dates of employment: From: ___/___/___ To: ____/___/___

Reason for leaving: (Excludes Medical Reasons) _____

_____

Supervisor's name and title: _____

Current Co-Workers

List two (2) co-workers with whom you presently work with and who are not listed elsewhere in this booklet.

1. Name: _____
   Address: _____
   Home Phone: ( ) _____ Work Phone: ( ) _____
   Occupation: _____

2. Name: _____
   Address: _____
   Home Phone: ( ) _____ Work Phone: ( ) _____
   Occupation: _____

Use reverse side of page for additional data, if needed.

_____ _____ _____
Investigator Initial Date Applicant Initials

Do not sign this section until instructed to do so by investigator

References

Provide the names and addresses of six (6) character references (no related to you by blood or marriage) who are not listed elsewhere in this booklet.

1. Name: _____ Length of time known: _____

   Address: _____

   Home Phone: ( ) _____ Work Phone: ( ) _____

   Occupation: _____
2. Name: _____ Length of time known: _____

   Address: _____

   Home Phone: ( ) _____ Work Phone: ( ) _____

   Occupation: _____
3. Name: _____ Length of time known: _____

   Address: _____

   Home Phone: ( ) _____ Work Phone: ( ) _____

   Occupation: _____
4. Name: _____ Length of time known: _____

   Address: _____

   Home Phone: ( ) _____ Length of time known: _____

   Occupation: _____
5. Name: _____ Length of time known: _____

   Address: _____

   Home Phone: ( ) _____ Length of time known: _____

   Occupation: _____
6. Name: _____ Length of time known: _____

   Address: _____

   Home Phone: ( ) _____ Length of time known: _____

   Occupation: _____

Use reverse side of page for additional data, if needed.

_____ _____ _____

Investigator Initial Date Applicant Initials

Do not sign this section until instructed to do so by investigator

Battle Creek Police Department

Information Certification

I _____, understand and acknowledge that all information and all entries made by me in response to the requested information contained within this questionnaire are true, complete, and correct to the best of my knowledge. I further understand that if at any time during the course of the background investigation or anytime during my employment with the Battle Creek Police Department, it is discovered that I have made untruthful statements, falsified my employment application form, falsified my confidential, and/or have given or provided misleading statements, it shall be cause for my immediate termination/discharge from the employment process and/or my employment with the Battle Creek Police Department.

_____

Full legal signature of the applicant Date