Wake Forest Police Department Explorer Post Membership Application

Note: This application is to be completed by the person wishing to join the Wake Forest Police Department Explorer Post. All applications must include the applicants signature.

Date: _____

Applicant Information

Name: _____ Current Grade: _____

Address: _____

City/State: _____

Zip Code: _____ Date of Birth: _____

Home Telephone: ( ) _____

Place of Work: _____

Work Address: _____

City/State: _____

Zip Code: _____ Work Telephone: _____

Parent/Guardian Information (If applicant is under age 18)

Name: _____

Place of Work: _____

Work Address: _____

City/State: _____

Zip Code: _____ Work Phone: _____

Applicant's Signature: _____

Parent/Guardian Signature (If applicant is under age 18):

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