

**KNOX COUNTY LAW ENFORCEMENT
EXPLORER POST #911
APPLICATION**

NAME: _____ **DOB:** _____

ADDRESS: _____

PHONE: _____ **HOME** _____ **WORK** _____

PARENT OR LEGAL GUARDIAN: _____

PHONE: _____ **HOME** _____ **WORK** _____

EMERGENCY CONTACT: _____

EMERGENCY PHONE #: _____

SCHOOL: _____

AGE: _____ **MALE OR FEMALE:** _____

I, the above named applicant, desire to join and participate in the Knox County Law Enforcement Explorer Post #911. I agree to obey the Post rules and regulations. I understand that any breach of the rules will be grounds for disciplinary action, including dismissal from the Post. I pledge to attend weekly meetings and participate in all aspects of the program.

Applicant's Signature: _____ Date: _____

I, as a parent/legal guardian, consent to the participation of the above named applicant in the Knox County Law Enforcement Explorer Post #911. I have received the brochure, Vision and Mission Statements of the Post as well as a copy of the curriculum.

Parent/Legal Guardian Signature: _____ Date: _____