



# Canton Police Explorers Application Form



Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Complete Address: \_\_\_\_\_  
(Street Address, Community, State, and ZIP Code)

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

School you are currently attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Current Cumulative GPA: \_\_\_\_\_

### Family Information

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

### Three Personal references not related to you

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Have you ever been charged with a crime, issued an appearance ticket, or had any contact with a police agency or court for a criminal issue? (Check One)

YES

NO

If yes, Please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been suspended or expelled from school? (Check One)

YES

NO

If yes, Please explain: \_\_\_\_\_  
\_\_\_\_\_

**Waiver and Authorization for Release of Information**

I hereby authorize any individual, agency, or organization to furnish to the Canton Police Department, their representatives and/or agents any and all information pertaining to my background and ability to comply with the standards for selection as a Police Explorer. Such information includes, but is not necessarily limited to: employment, criminal, academic, military, and personal histories; academic records, attendance, employment or academic discipline, and driving records. I hereby authorize any individual, agency or organization to release such information upon request. This authorization is executed with the full knowledge and understanding that the information is for official use by the Canton Police Department. I hereby release any individual, agency or organization, including its officers, employees and related personnel, both individually and collectively, from any and all damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it. This Authorization shall continue in effect until revoked by me in writing. A photo static copy of this Authorization shall have the same force as the original.

Applicant Signature: \_\_\_\_\_

If under 18, Parent/Guardian Signature Required: \_\_\_\_\_