

**MILLEDGEVILLE POLICE DEPARTMENT  
EXPLORER POST 139  
125 West McIntosh St. Milledgeville, Ga. 31061  
(478)414-4090 Fax: (478)414-4001**

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**APPLICATION FORM**

Name:( last) \_\_\_\_\_, (first) \_\_\_\_\_, (MI) \_\_\_\_\_

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

(city) \_\_\_\_\_, (state) \_\_\_\_\_ . (zip) \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Alternate # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Sex: Male / Female Race: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

D/L # \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_

**SCHOOL INFORMATION**

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**MEDICAL INFORMATION**

In case of Emergency, Contact: \_\_\_\_\_

Telephone #'s : Daytime: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Night : ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Are you taking any Medications? If so, what is the name of the Medication? \_\_\_\_\_

\_\_\_\_\_

Please list any illnesses, allergies, etc. \_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION and RELEASE**

My Signature on this application attest to the fact that all information included is true and to the best of my knowledge. I am aware that falsification on any part of the application form, or credentials, may disqualify me or result in my immediate dismissal, regardless when discovered. I agree to abide by the policies and procedures set forth by the Milledgeville Police Department's Explorer Program and understand that my participation in such program is done at my own risk. I agree to hold harmless the City of Milledgeville, the Milledgeville Police Department, and its agents or representatives for any injuries or death that may occur while participating in Exploring Activities. Furthermore, I hereby authorize the Milledgeville Police Department, its agents or representatives, to contact any person or entity named on my application, and any attached credentials, for the purpose of confirming the information contained therein and/or obtaining other information which may be material to my qualification. I also authorize the Milledgeville Police Department , its agents or representatives, and any entity providing information pursuant to this Authorization and Release of information to receive any Criminal History Records information pertaining to me, which may be in the file of any local and/or state criminal justice agency in Georgia, and abstain from all liability upon the provision of that information.

Applicant Signature : \_\_\_\_\_ Parent/Guardian : \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_

Notary / Seal