



**Town of Cicero Police Department
Police Explorer Program
Preliminary Membership Application**

Applicant Information

- **Full Name** (Last, First, Middle): _____
- **Address:** _____
- **City:** _____ **ZIP:** _____
- **Phone:** _____ **Age:** _____ **Date of Birth:** _____
- **School:** _____ **Grade:** _____

Parent/Guardian Information

- **Name(s):** _____
- **Address** (if different from above): _____
- **Parent Phone:** _____ **Work Phone:** _____

Emergency Contact

- **Name:** _____
- **Phone:** _____

1. Career Interests:

2. Why I Want to Join the Police Explorer Program:

3. Character References (List two people who can speak to your character)

1. **Name:** _____ **Phone:** _____
2. **Name:** _____ **Phone:** _____

Applicant Certification

I certify that the information provided above is accurate. I understand that completion of this application does not guarantee acceptance into the Town of Cicero Police Department Police Explorer Program.

Applicant Signature: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____
Signature (if under 18)