



**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**

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

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**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 Signature** (*if under 18*): \_\_\_\_\_ **Date:** \_\_\_\_\_