

**MERCED COUNTY SHERIFF'S OFFICE  
EXPLORER APPLICATION**

PLEASE PRINT OR TYPE

Name (LAST, FIRST MIDDLE) SOCIAL SECURITY NUMBER (SSN) DRIVER LICENSE

ADDRESS (INCLUDE STREET, CITY, STATE, ZIP CODE) EMAIL PHONE NO. (INCLUDE AREA CODE)

DATE OF BIRTH CITY AND STATE OF BIRTH GENDER HEIGHT WEIGHT HAIR EYES

NAME OF SCHOOL CITY

GRADE GPA COUNSELOR'S NAME

FATHER ADDRESS (INCLUDE STREET, CITY, STATE, ZIP CODE) WORK PHONE NO. HOME PHONE NO.

MOTHER ADDRESS (INCLUDE STREET, CITY, STATE, ZIP CODE) WORK PHONE NO. HOME PHONE NO.

SIBLING(S) NAME(S) AND AGE(S)

PLACE OF EMPLOYMENT SUPERVISOR'S NAME

ADDRESS (INCLUDE STREET, CITY, STATE, ZIP CODE) DUTIES PHONE NO.

HAVE YOU EVER BEEN PHYSICALLY DETAINED BY A LAW ENFORCEMENT AGENCY? IF YES, WHAT AGENCY?  
 YES  NO

WHY?

HAVE YOU EVER RECEIVED A TRAFFIC CITATION? IF YES, ISSUED BY WHAT LAW ENFORCEMENT AGENCY?  
 YES  NO

FOR WHAT VIOLATION(S)?

LIST ANY ORGANIZATION(S)/CLUB(S) THAT YOU ARE CURRENTLY A MEMBER OF LIST ANY AWARDS OR RECOGNITION YOU HAVE RECEIVED

ALL EXPLORER MEETINGS ARE IMPORTANT; WILL YOU BE ABLE TO ATTEND ALL MEETINGS? IF NO, EXPLAIN WHY.  
 YES  NO

WHAT TYPE OF TRANSPORTATION DO YOU HAVE TO ATTEND EXPLORER DETAILS?

WHY DO YOU DESIRE MEMBERSHIP IN THE MERCED SHERIFF EXPLORERS?

DO YOU PLAN TO ATTEND COLLEGE? IF YES, WHAT MAJOR?  
 YES  NO

WHAT IS YOUR CAREER GOAL?

**IS ANYONE IN YOUR FAMILY ASSOCIATED WITH LAW ENFORCEMENT?**

YES  NO

**IF YES, PLEASE LIST FAMILY MEMBER NAME & POSITION**

**NAME OF AGENCY & PHONE # (INCLUDE AREA CODE)**

**CERTIFICATION:** I understand that any portion of this form is subject to examination by the **Merced County Sheriff's Office**. I further acknowledge that all of the information contained will be used solely for law enforcement purposes to determine my suitability as an explorer. All of the information contained in this application is true and correct to the best of my knowledge. I further understand that this application will become the property of the **Merced County Sheriff's Office**.

REMARKS/COMMENTS

APPLICANT'S SIGNATURE

DATE

PARENT OR GUARDIAN'S SIGNATURE

\*In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.

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