



Ashwaubenon Department of Public Safety  
 Explorer Post 9499  
 2155 Holmgren Way  
 Ashwaubenon, WI 54304  
 (920) 492-2995  
[Explorers@ashwaubenon.com](mailto:Explorers@ashwaubenon.com)



**Membership Application**

**Personal Information**

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

Last

First

Middle Initial

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone (    ) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Email Address \_\_\_\_\_ May we contact you here?    Yes    No

Mothers Name \_\_\_\_\_ Phone # \_\_\_\_\_

Fathers Name \_\_\_\_\_ Phone # \_\_\_\_\_

Family Doctors Name \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital \_\_\_\_\_

**Education:**

Name of High School \_\_\_\_\_ Grade \_\_\_\_\_

List school activities, clubs, and sports \_\_\_\_\_

**Volunteer Experience**

Name of organization	Job title	Date of event(s)	Hours
1.			
2.			

**References**

Please provide **three** references (former supervisors, co-workers, school faculty, current neighbors, or family friends. No relatives or significant others.)

<u>Name/Phone#/Address</u>	<u>Occupation</u>	<u>Nature of relationship</u>
1.		
2.		
3.		

Please list any certifications (CPR, First Aid, AED, etc..)

Location of Training	Name of instructor	Type of training	Expiring date
1.			
2.			

**Please review your answers carefully and read the statement below before signing this application.**

“I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to the questions. I understand that any omissions or false statements and answers on this application shall be sufficient cause for rejection for enrollment or dismissal from the Ashwaubenon Explorer Post.

I further understand that the Ashwaubenon Department of Public Safety will be conducting a background investigation, which may include, but is not limited to, criminal history, employment history and personal references. I have not been convicted of a felony offense in any jurisdiction. I also understand that any student may be removed from the Ashwaubenon Explorer Post if said student is disruptive or otherwise inhibits the concept of the Explorer Program.”

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Applicant's Signature

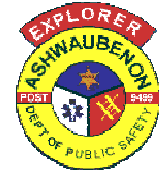
Date

**Please return the completed Application to:**

**Explorers  
Ashwaubenon Department of Public Safety  
2155 Holmgren Way  
Ashwaubenon, WI 54304**



## Pre-interview Questions



**Please submit with your application.**

**You may use a separate sheet of paper to continue your answer.**

In a short paragraph please explain why you would like to join the Ashwaubenon explorers post? \_\_\_\_\_

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How did you hear about the explorer program? \_\_\_\_\_

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What is your current career goal after school? Please explain. \_\_\_\_\_

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