

OFFICE OF THE BERGEN COUNTY SHERIFF
BERGEN COUNTY JUSTICE CENTER
HACKENSACK, N.J. 07601
(201) 646-2200
www.bcsd.us

LEO P. McGUIRE
SHERIFF

POST #2160
LAW ENFORCEMENT EXPLORING

YOUTH APPLICANT PHASE I PROCESSING

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE _____ E-MAIL _____

DATE OF BIRTH ___/___/___ AGE ___ GENDER ___ TODAY'S DATE ___/___/___

HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____

SCHOOL NAME _____ GRADE _____

PARENT/GUARDIAN NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE _____ E-MAIL _____

IN CASE OF EMERGENCY, NOTIFY:

NAME _____ **RELATIONSHIP** _____

HOME # _____ **CELL #** _____

POST #2160
LAW ENFORCEMENT EXPLORING

NAME _____

PLEASE LIST ANY PREVIOUS SCOUTING OR EXPLORING EXPERIENCE

PLEASE LIST CURRENT MEMBERSHIPS (SCHOOL, COMMUNITY, CHURCH, ETC)

PLEASE LIST ANY HEALTH LIMITATIONS OR CONDITIONS

| | <u>CIRCLE ONE</u> |
|--|-------------------|
| DO YOU USE ANY ILLEGAL SUBSTANCES? | YES NO |
| HAVE YOU EVER BEEN TREATED FOR ALCOHOL OR SUBSTANCE ABUSE? | YES NO |
| HAVE YOU EVER BEEN HELD BUT NOT CHARGED BY A POLICE AGENCY? | YES NO |
| HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY OFFENSE? | YES NO |
| IF APPLICABLE - | ----- |
| HAVE YOU EVER RECEIVED A MOTOR VEHICLE SUMMONS OTHER THAN FOR PARKING? | YES NO |
| HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED? | YES NO |
| OTHER THAN ABOVE, IS THERE ANY FACT OR CIRCUMSTANCE INVOLVING YOU OR | ----- |
| YOUR BACKGROUND, THAT MY CALL INTO QUESTION YOUR ELIGIBILITY AND/OR | ----- |
| PARTICIPATION IN THIS LAW ENFORCEMENT EXPLORER PROGRAM? | YES NO |

IT IS CLEARLY UNDERSTOOD THAT ANY FALSIFICATION OF INFORMATION WILL VOID THIS APPLICATION. NO OTHER APPLICATION WILL BE ACCEPTED. INFORMATION GIVEN HERE WILL BE VERIFIED DURING YOUR BACKGROUND INVESTIGATION.

YOUTH APPLICANT SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

******* IN ORDER TO PROCEED TO PHASE II OF THE PROCESS: *******

MAIL COMPLETED FORM TO:
Office of the Bergen County Sheriff
Community Outreach Division/EXPLORING
Bergen County Justice Center
Hackensack NJ 07601

OR FAX COMPLETED FORM TO:
201-483-8099
QUESTIONS?
E-MAIL BDOWNING@BCSD.US

DO NOT WRITE BELOW THIS LINE

DATE RECEIVED _____ DATE PROCESSED _____
RECOMMENDATION _____ ADVISOR'S APPROVAL _____