



# Office of the Sheriff

## Berrien County

919 Port Street, St. Joseph, Michigan 49085-1184

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**L. Paul Bailey**  
**SHERIFF**

Charles E. Heit  
UNDERSHERIFF

Samuel E. Harris  
CHIEF DEPUTY

# EXPLORER POST 602 MEMBERSHIP APPLICATION

Print all information legibly in ink. Answer all questions accurately and completely.  
**Any false statement will disqualify you from this program.**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth (City/State) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver License Number \_\_\_\_\_

Mother	Maiden Name	Home Phone	Work Phone
Address			
Father			
Address			
Guardian			
Address			
Remarks			

Last School Attended \_\_\_\_\_ Grade \_\_\_\_\_ GPA \_\_\_\_\_

Give names of clubs, societies, and other similar organizations to which you belong (other than religious or ethnics). \_\_\_\_\_

\_\_\_\_\_

Have you ever had contact with any police agencies as a juvenile offender? \_\_\_\_\_

If yes, give circumstances, date, location, and crime. \_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_

If yes, give circumstances, date, location, and crime. \_\_\_\_\_

\_\_\_\_\_

**Personal references:** Give 3 personal references (can include employers and teachers) whom you have known for at least 2 years.

Name	Residence Address/Phone	Acquainted	Business Address/Phone
1			
2			
3			

List names of any relatives now employed by the County of Berrien and relationship.

\_\_\_\_\_

\_\_\_\_\_

**Health Record:** Do you have a physical disability that would prevent you from performing the essential duties of an Explorer? \_\_\_\_\_

If yes, please list disability. \_\_\_\_\_

In case of emergency, Notify – Name, Relation, Address, Telephone Number \_\_\_\_\_

\_\_\_\_\_

**Notice:** Any false statement, evasion, or deception in the answers to the above questions will be considered sufficient grounds for rejection or dismissal from program.

Date: \_\_\_\_\_  
Signature of Applicant as Usually Written

**Applications valid for one year from date submitted.**

