



Berks County Sheriff

Berks County Courthouse, 633 Court Street, 3rd Floor
Reading, Pennsylvania 19601

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Eric J. Weaknecht, Sheriff

"Making a Difference"

KYLE D. PAGERLY EXPLORER POST #027

Application Form

DEADLINE FOR SUBMISSION: December 1, 2019

Tentative Orientation Meeting Date: January 15 or 22, 2020

**Please CLEARLY PRINT answers in black ink
Illegible applications cannot be processed
Applicant must be able to read, write and understand English**

Date of Application: _____

Name of Applicant: _____ Male/Female: _____

Date of Birth: _____ Age at application: _____

Address: _____ City _____ Zip Code _____

Applicant lives with: _____ Relationship to Applicant: _____

Home Telephone: _____ Applicant's Cell: _____

Applicant's email: _____ Facebook Page: _____

Mother's Name: _____ Cell: _____

Mother's email: _____

Father's Name: _____ Cell: _____

Father's email: _____

Emergency Contact #1: _____ Relationship: _____

Address: _____ Phone: _____

Emergency Contact #2: _____ Relationship: _____

Address: _____ Phone: _____

School Information

Name of School: _____ Grade: _____ Current GPA: _____

School Address: _____

Phone Number: _____

List all extracurricular activities: _____

Have you ever been suspended or expelled from this or any school? _____ (if yes, explain on separate sheet of paper).

List all languages you speak and understand: _____

Employment Information

Employer: _____ Contact name of employer: _____

Address: _____ Phone number: _____

_____ Email address: _____

How many hours a week do you work? _____

List Two Personal References (other than relatives)

1. Name: _____ Phone: _____

Address: _____ Relationship: _____

2. Name: _____ Phone: _____

Address: _____ Relationship: _____

Miscellaneous

Please list hobbies: _____

Do you possess a valid Driver's License? _____
State: _____ License number: _____ Expiration: _____

Has your license ever been suspended or revoked? _____
If yes, give reason: _____

Have you ever received a traffic ticket? _____
If yes, please state violations: _____

Have you ever been convicted of a crime or accepted a plea bargain or had charges dropped?
If so, explain: _____

If you are under the age of 18, do you use tobacco? _____

If you are under the age of 21, do you consume alcoholic beverages? _____

Have you ever used illegal drugs, including Marijuana? _____

Describe (in at least one paragraph) why you want to become a Law Enforcement Explorer? (attach a separate sheet of paper if necessary) _____

Describe (in at least one paragraph) what you hope to learn by joining an Explorer program? (attach a separate sheet of paper if necessary) _____

Do your Parents/Guardians support your joining the Post (*if under age 18*) _____

Are your Parents/Guardians able to provide transportation to and from meetings and events? _____

Are you committed to attending one monthly meeting and a one week training block from 8am to 4pm in June or July? _____

Are you willing and able to participate in community service projects _____

List any community service organizations, social, school, or other groups that you are now a part of or have been a member of:

Are you a current member or have you participated in another Explorer Post? If so, provide:

Name of Post: _____ City/State _____

Post Supervisor to contact: _____ Phone # _____

List any course or training you feel would be beneficial for an Explorer Program:

Acknowledgements

I _____ [please print name] do hereby certify that I can read, write and understand the English language and that the information in this packet is accurate to the best of my knowledge:

_____ (date)
(Applicant's signature)

Under age 18 requires parental/guardian acknowledgment and approval.

I, the parent/guardian of _____, age _____, do hereby certify that I have reviewed the questions and answers contained on this application and that the answers provided are correct to the best of my knowledge. I also confirm that _____ [name of applicant] will have transportation to and from monthly meetings, events, and fundraisers scheduled as part of Explorer Post #027 during calendar year 2020.

This information has been reviewed and verified by: (parents/guardians' signatures):

_____ (Relationship)
Name (Please Print)

_____ (date)
Signature

_____ (Relationship)
Name (Please Print)

_____ (date)
Signature

A \$55 ANNUAL ENROLLMENT FEE (which covers cost of application, insurance and t-shirt] WILL BE REQUIRED AFTER CONFIRMATION OF ACCEPTANCE INTO EXPLORER PROGRAM. DO NOT SEND MONEY NOW. Please e-mail Application as an attachment to: tmedaglia@countyofberks.com Or mail to: Teresa Medaglia, Berks County Sheriff's Office, 633 Court Street, 3rd Floor, Reading, PA 19601

LEARNING FOR LIFE requires an annual medical release from a physician before an Explorer can participate in any activity strenuous or demanding in nature. Information regarding the medical clearance will be provided at the orientation meeting in January.

INCLUDE with application a copy of your report card for first quarter of 2020/2021 school year.