



"Making a Difference"

Berks County Sheriff

Berks County Courthouse - 3rd floor, 633 Court Street, Reading, PA 19601

Phone (610) 478-6240

Fax (610) 478-6222

Eric J. Weaknecht
Sheriff

Mandy P. Miller
Chief Deputy

KYLE D. PAGERLY EXPLORER POST #027

Application Form DEADLINE FOR SUBMISSION: December 15, 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: _____



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? _____



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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:

(Applicant's signature)

(date)

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 2021.

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

Name (Please Print)

(Relationship)

Signature

(date)

Name (Please Print)

(Relationship)

Signature

(date)

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. Page 5 INCLUDE with application a copy of your report card for first quarter of 2020/2021 school year