City of Colton POLICE

COLTON POLICE DEPARTMENT
EXPLORER APPLICATION

Name: _____
First Middle Last

Address: _____ City: _____

Sex: ____ Date of Birth: ____/____/____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Driver's License Number (if applicable): _____ School: _____

School City: _____ Grade: _____ GPA: _____ Counselor: _____

Who do you live with? Father: ☐ Mother: ☐ Both: ☐ Other: ☐ _____

Father Name: _____ Phone Number: _____

Mother Name: _____ Phone Number: _____

Your Place of Employment: _____

Address: _____ City: _____ Phone: _____

Have you ever received a citation or been arrested before? ☐ Yes ☐ No
If "Yes", explain on back of application

I understand that any portion of this application is subject to examination by the Colton Police Department. I also acknowledge that all of the above information is correct to the best of my knowledge.

<u>The following signatures are required:</u>

Your Signature: _____ **Date:** ____/____/____

School Counselor Signature: _____ **Date:** ____/____/____

Parent Signature: _____ **Date:** ____/____/____

Date Received:_____ Person Receiving Application: _____

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