



## Explorer Application

### APPLICATION:

#### Colorado Springs Explorer Post 1894

Date of Application: \_\_\_\_\_ Please Print or Type

Referred By:  Explorer  Web Site  Walk-in  Media  Other \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_

City, State Zip

E-mail address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Telephone #2: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### EDUCATION

School Name \_\_\_\_\_ City/State \_\_\_\_\_

Grade \_\_\_\_\_

Did you graduate? \_\_\_\_\_

### REFERENCES

Give name, address, and telephone of three people who are not related to you and that you have known for at least 1 year.

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_

### AGREEMENT

I certify that the answers given here are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I understand, also, that I am required to abide by all rules and regulations of the Colorado Springs Explorer Post 1894.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**Medical Information**

Are you allergic to any medications? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Do you have any illness or condition that may prevent you from taking part in Explorer Activities? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Do you wear glasses/contact lenses? \_\_\_\_\_ Vision without correction \_\_\_\_\_

Do you have any hearing impairments? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Have you ever had a mental or nervous disorder? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Do you have or have you ever had the following:

\_\_\_\_\_ Heart condition

\_\_\_\_\_ Diabetes

\_\_\_\_\_ High blood pressure

\_\_\_\_\_ Low blood pressure

\_\_\_\_\_ Spinal injuries

\_\_\_\_\_ Hernia

\_\_\_\_\_ Communicable diseases

If yes to any of the above explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you use tobacco products? \_\_\_\_\_

Do you consume alcoholic beverages? \_\_\_\_\_