



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? _____