Albany County Sheriff's Office
Explorer Post 043
16 Eagle Street
Albany, NY 12207

MEMBERSHIP APPLICATION FORM

NAME: _____ DATE OF BIRTH:_____
PHONE NUMBER: (H) : _____ (C):_____
ADDRESS: : _____ CITY: _____
SCHOOL ATTENDING: _____ GRADE: _____
GUIDANCE COUNSELOR: _____
LAST YEAR SCHOOL AVERAGE: _____
ARE YOU EMPLOYED?_____ WHERE? _____

REASON FOR JOINING:

_____
_____
_____
_____
_____

HOBBIES OR SPECIAL INTERESTS:

_____
_____

PARENTS/GUARDIANS NAME: _____

PARENTS/GUARDIANS ADDRESS:_____

ADULT REFERENCES (AT LEAST 2):

NAME:_____ PHONE NUMBER: _____
NAME:_____ PHONE NUMBER: _____
NAME:_____ PHONE NUMBER: _____

I hereby apply for the position of Albany County Sheriff Explorer. I further consent and authorize the Sheriff's Office to conduct a background check including, but not limited to, a juvenile and criminal history records check. I certify that I do not have a criminal record.

SIGNATURE OF APPLICANT:_____ DATE: _____

SIGNATURE OF PARENT/ GUARDIAN: _____ DATE:_____

Mail to: Explorers@albanycounty.com