



## Goffstown Police Explorers Post 394

Date of Application: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

TEL# \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### IN CASE OF EMERGENCY, NOTIFY:

1ST NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME TEL: \_\_\_\_\_ WORK: \_\_\_\_\_ WORK TEL: \_\_\_\_\_

2ND NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME TEL: \_\_\_\_\_ WORK: \_\_\_\_\_ WORK TEL: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ TEL#: \_\_\_\_\_

### ★ **BACKGROUND**

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

WHAT ARE YOUR FAVORITE COURSES IN SCHOOL? \_\_\_\_\_

WORK: \_\_\_\_\_ WORK TEL: \_\_\_\_\_

CLUBS & ORGANIZATIONS: \_\_\_\_\_

HOW DID YOU LEARN ABOUT EXPLORING? \_\_\_\_\_

HAVE YOU PLANNED FOR A CAREER? \_\_\_\_\_ WHAT TYPE? \_\_\_\_\_

WHAT DO YOU WANT TO ACHIEVE BY BEING A POLICE EXPLORER? \_\_\_\_\_

WHAT ARE YOUR OTHER INTERESTS? \_\_\_\_\_

#### APPLICATION PROCESS:

- 1) RETURN TO OFFICER GEOFF PINARD with:
- 2) TWO LETTERS OF REFERENCE (from someone you are not related to)
- 3) COPY OF YOUR LAST GRADES (this does not apply if you have graduated from high school)

#### ADVISORS:

Officer Geoff Pinard  
Lt. Pierre Pouliot

A background check will be done, along with a fingerprint card and photograph. You must also have the Hold Harmless Agreement signed as part of this process.

Goffstown Police Department 326 Mast Rd., Goffstown, NH 03045 603-497-4858

For more information: [www.goffstownpoliceexplorers.com](http://www.goffstownpoliceexplorers.com)