

**KNOX COUNTY LAW ENFORCEMENT  
EXPLORER POST #911  
APPLICATION**

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

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

**PHONE:** \_\_\_\_\_ **HOME** \_\_\_\_\_ **WORK**

**PARENT OR LEGAL GUARDIAN:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **HOME** \_\_\_\_\_ **WORK**

**EMERGENCY CONTACT:** \_\_\_\_\_

**EMERGENCY PHONE #:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **MALE OR FEMALE:** \_\_\_\_\_

I, the above named applicant, desire to join and participate in the Knox County Law Enforcement Explorer Post #911. I agree to obey the Post rules and regulations. I understand that any breach of the rules will be grounds for disciplinary action, including dismissal from the Post. I pledge to attend weekly meetings and participate in all aspects of the program.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, as a parent/legal guardian, consent to the participation of the above named applicant in the Knox County Law Enforcement Explorer Post #911. I have received the brochure, Vision and Mission Statements of the Post as well as a copy of the curriculum.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_