



**Hoover Police  
Explorers**

100 Municipal Drive  
Hoover, AL 35216  
TELEPHONE (205) 444-7700  
FAX (205) 444-7734

**Nicholas C. Derzis**  
*Chief of Police*

**HOOVER POLICE EXPLORER POST 33  
APPLICATION FOR MEMBERSHIP**

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

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

\_\_\_\_\_

**PHONE: HOME-**(\_\_\_\_)\_\_\_\_-\_\_\_\_ **CELL-**(\_\_\_\_)\_\_\_\_-\_\_\_\_

**EMAIL:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_/\_\_/\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_-\_\_\_\_-\_\_\_\_

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

**PARENTS NAME (IF UNDER 18):** \_\_\_\_\_

**EXTRA CURRICULAR  
ACTIVITIES:** \_\_\_\_\_

\_\_\_\_\_

**LIST ALL CONTACTS WITH POLICE IN YOUR PAST  
(INCLUDE ALL WARNINGS, TICKETS AND ARRESTS):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>HAVE YOU EVER BEE ARRESTED?</b>	<b>YES</b>	<b>NO</b>
<b>DO YOU USE DRUGS?</b>	<b>YES</b>	<b>NO</b>
<b>DO YOU USE ALCOHOL?</b>	<b>YES</b>	<b>NO</b>
<b>DO YOU USE TOBACCO?</b>	<b>YES</b>	<b>NO</b>



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**IF YOU ARE CURRENTLY WORKING, LIST THE NAME, ADDRESS AND PHONE NUMBER OF YOUR EMPLOYER:**

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**HOW DID YOU HEAR ABOUT THE HOOVER POLICE EXPLORERS?**

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**EXPLORER MEETINGS ARE ON THURSDAYS FROM 5:00 P.M. TO 8:00 P.M. DO YOU HAVE DEPENDABLE TRANSPORTATION TO AND FROM THE MEETINGS?**

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**WHY DO YOU WANT TO BE AN EXPLORER?**

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**BY SIGNING BELOW, I AFFIRM THAT ALL THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE. I ALSO UNDERSTAND THAT A SATISFACTORY BACKGROUND CHECK OF MY CRIMINAL AND DRIVING RECORD WILL BE REQUIRED IN ORDER TO BECOME A MEMBER OF THE HOOVER POLICE EXPLORERS.**

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**PARENT'S SIGNATURE:** \_\_\_\_\_  
(Applicant's under 18 years of age)

