

**MOHAVE LAW ENFORCEMENT EXPLORER ACADEMY**  
**JULY 7<sup>TH</sup> --- JULY 14<sup>TH</sup>, 2012**

**APPLICATION FOR ACADEMY**

**QUALIFICATIONS:**

**All applicants must be an Explorer with a Law Enforcement agency. All applicants must be of good moral character and must be referred by their respective departments. All Explorers must be under 21 years of age during the entire academy and be willing to participate in physical training. It is mandatory that the applicant be able to perform 10 push-ups, 10 sit-ups and complete a 1 ½ mile run without stopping.**

**TUITION FEE: \$250.00 (Includes room, meals, drinks, classroom materials, certificates, hat, class shirt, PT shorts.)**

**PERSONAL DATA:**  
(PLEASE PRINT OR TYPE)

\_\_\_\_\_

(LAST) (FIRST) (M.I.)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(DATE OF BIRTH) (AGE) (SEX)

\_\_\_\_\_

(PARENTS OR GUARDIANS NAME)

\_\_\_\_\_

(ADDRESS) (CITY) (STATE) (ZIP)

\_\_\_\_\_

(HOME PHONE #) (PARENTS WORK PHONE #)

\_\_\_\_\_

(PARENTS CELL PHONE) (ADDITIONAL NUMBER)

**SHIRT SIZE** S M L XL XXL **SHORTS** S M L XL XXL  
(CIRCLE) (CIRCLE)

**HAT SIZE (CIRCLE) S M L XL**

**MOHAVE LAW ENFORCEMENT EXPLORER ACADEMY  
MEDICAL INFORMATION FORM**

**EMERGENCY CONTACT NUMBERS:**

( NAME )	(       )	-	( PHONE NUMBER )
( NAME )	(       )	-	( PHONE NUMBER )
( NAME )	(       )	-	( PHONE NUMBER )

( PHYSICIAN )	(       )	-	( PHONE NUMBER )
( INSURANCE COMPANY )	( POLICY NUMBER )		

**MEDICAL INFORMATION (past or present)**

( Circle all that apply )

- |          |           |             |                         |                     |          |
|----------|-----------|-------------|-------------------------|---------------------|----------|
| Asthma   | Allergies | Convulsions | Heart Disease           | High Blood Pressure | Diabetes |
| Leukemia | Cancer    | hemophilia  | Other ( explain ) _____ |                     |          |

Explanations: \_\_\_\_\_  
\_\_\_\_\_

Medications: ( list all and reason for use ) \_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION TO DISPENSE MEDICATIONS:** I, \_\_\_\_\_,  
( Print name )

AS THE PARENT OR GUARDIAN OF \_\_\_\_\_, DO HEREBY  
( Applicant Name )

**CONSENT AND AUTHORIZE THE M.L.E.E.A. STAFF TO PROVIDE MEDICAL TREATMENT OR DISPENSE MEDICATIONS AND/OR FIRST AID SUPPLIES TO THE APPLICANT. SUCH AS, BUT NOT LIMITED TO: ASPIRIN, PAIN MEDICATION, ALLERGY MEDICATION, ETC. IN THE CHILDS BEST INTEREST. I FURTHER CERTIFY THAT HE/SHE HAS NOT HAD ANY PRIOR INJURY OR A HAS CURRENT EXISTING INJURY WHICH WOULD HINDER HIS/HER PERFORMANCE WHILE IN THE ACADEMY.**

\_\_\_\_\_  
( Signature of Parent, Guardian or Applicant 18 yoa or older )

\_\_\_\_\_  
( Date )

**EXPLORER ADVISOR AFFIRMATION**

I, \_\_\_\_\_ of the \_\_\_\_\_,  
( Officer name ) ( Department )

do recommend this applicant for the Mohave Law Enforcement Explorer Academy and affirm that he/she is an Explorer in good standing.

\_\_\_\_\_  
( Signature ) ( Date )

( \_\_\_\_\_ ) - \_\_\_\_\_ ( \_\_\_\_\_ ) - \_\_\_\_\_  
( WORK NUMBER ) ( CELL PHONE )

**NOTE: All Explorers are expected to bring the following:**

- One (1) Uniform from their department. (Short sleeve is preferred)
- Uniform shoes or boots.
- Underbelt. (duty belt is not needed)
- Two (2) plain "Ash-colored" (light grey) short sleeve T-shirts
- Running shoes
- Sleeping bag or blankets.
- Pillow
- Appropriate sleeping attire
- Hygiene items (toothbrush, shaver, deodorant, shampoo, etc)
- Necessary medication
- Shower shoes are recommended.
- Bath towel

**Prohibited items:**

- Knives or any weapon
- Inappropriate clothing (all tops must cover the shoulders and abdomen)  
(no shirts or hats that display inappropriate words or images)
- Food
- Excessive jewelry
- Piercings (Females may wear 1 earring per ear)  
(All other piercings must be covered or removable)
- Unnecessary electronic devices