



Berks County Sheriff

Berks County Courthouse, 633 Court Street, 3rd Floor
Reading, Pennsylvania 19601

Phone (610) 478-6240

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Eric J. Weaknecht, Sheriff

"Making a Difference"

KYLE D. PAGERLY EXPLORER GROUP #027

Application Form

DEADLINE FOR SUBMISSION: December 31, 2024

**Please CLEARLY PRINT answers in black ink
Illegible applications cannot be processed
Applicant must be able to read, write and understand English**

Date of Application: _____

Name of Applicant: _____ Male/Female: _____

Date of Birth: _____ Age at application: _____

Address: _____ City _____ Zip Code _____

Applicant lives with: _____ Relationship to Applicant: _____

Home Telephone: _____ Applicant's Cell: _____

Applicant's email: _____ Facebook Page: _____

Mother's Name: _____ Cell: _____

Mother's email: _____

Father's Name: _____ Cell: _____

Father's email: _____

Emergency Contact #1: _____ Relationship: _____

Address: _____ Phone: _____

Emergency Contact #2: _____ Relationship: _____

Address: _____ Phone: _____

School Information

Name of School: _____ Grade: _____ Current GPA: _____

School Address: _____

Phone Number: _____

List all extracurricular activities: _____

Have you ever been suspended or expelled from this or any school? _____ (if yes, explain on separate sheet of paper).

List all languages you speak and understand: _____

Employment Information

Employer: _____ Contact name of employer: _____

Address: _____ Phone number: _____

_____ Email address: _____

How many hours a week do you work? _____

List Two Personal References (other than relatives)

1. Name: _____ Phone: _____

Address: _____ Relationship: _____

2. Name: _____ Phone: _____

Address: _____ Relationship: _____

Miscellaneous

Please list hobbies: _____

Do you possess a valid Driver's License? _____
State: _____ License number: _____ Expiration: _____

Has your license ever been suspended or revoked? _____
If yes, give reason: _____

Have you ever received a traffic ticket? _____
If yes, please state violations: _____

Have you ever been convicted of a crime or accepted a plea bargain or had charges dropped?
If so, explain: _____

If you are under the age of 18, do you use tobacco? _____

If you are under the age of 21, do you consume alcoholic beverages? _____

Have you ever used illegal drugs, including Marijuana? _____

Describe (in at least one paragraph) why you want to become a Law Enforcement Explorer? (attach a separate sheet of paper if necessary) _____

Describe (in at least one paragraph) what you hope to learn by joining an Explorer program? (attach a separate sheet of paper if necessary) _____

Do your Parents/Guardians support your joining the Group (*if under age 18*) _____

Are your Parents/Guardians able to provide transportation to and from meetings and events? _____

Are you committed to attending one monthly meeting and a one week training block from 8am to 4pm in June or July? _____

Are you willing and able to participate in community service projects _____

List any community service organizations, social, school, or other groups that you are now a part of or have been a member of:

Are you a current member or have you participated in another Explorer Group? If so, provide:

Name of Group: _____ City/State _____

Post Supervisor to contact: _____ Phone # _____

List any course or training you feel would be beneficial for an Explorer Program:

Acknowledgements

I _____ [please print name] do hereby certify that I can read, write and understand the English language and that the information in this packet is accurate to the best of my knowledge:

_____ (date)
(Applicant's signature)

Under age 18 requires parental/guardian acknowledgment and approval.

I, the parent/guardian of _____, age _____, do hereby certify that I have reviewed the questions and answers contained on this application and that the answers provided are correct to the best of my knowledge. I also confirm that _____ [name of applicant] will have transportation to and from monthly meetings, events, and fundraisers scheduled as part of Explorer Group #027 during calendar year 2023/2024.

This information has been reviewed and verified by: (parents/guardians' signatures):

_____ (Relationship)
Name (Please Print)

_____ (date)
Signature

_____ (Relationship)
Name (Please Print)

_____ (date)
Signature

A \$60* ANNUAL ENROLLMENT FEE (which covers cost of application, insurance and t-shirt] WILL BE REQUIRED AFTER CONFIRMATION OF ACCEPTANCE INTO EXPLORER PROGRAM. DO NOT SEND MONEY NOW. Please e-mail Application as an attachment to swatson@berkspa.gov
Or mail to: Samantha Watson, Berks County Sheriff's Office, 633 Court Street, 3rd Floor, Reading, PA 19601

INCLUDE with application a copy of your report card for first quarter of 2024 school year.