



FAIRFIELD POLICE EXPLORER POST 279 EXPLORER APPLICATION



EXPLORER NAME: _____

AGE: _____ DATE OF BIRTH: ___/___/_____

ADDRESS: _____

CITY/TOWN: _____

STATE: _____ ZIP: _____

SCHOOL: _____ GRADE: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

HOW DID YOU HEAR ABOUT THE FAIRFIELD EXPLORING PROGRAM?
