



Houston Forensic Science Center, Inc.

Application for Explorer Program

Please send questions, completed applications and essays to hfsceexplorers@hfsctx.gov

Date: _____

PARTICIPANT INFORMATION

Participant Full Name _____ Date of Birth _____

Preferred Name (If different than above) _____ E-Mail Address _____ Shirt Size _____

Parent or Guardian Name(s) _____

Street Address _____ City _____ State _____ ZIP _____

Home Telephone _____ Cellular Telephone _____

School Currently Attending _____ Expected Grad. Date _____ Current GPA _____

Current School Activities/Organizations _____

Please indicate the forensic discipline(s) of most interest:

- | | |
|--|---|
| <input type="checkbox"/> Biology/DNA | <input type="checkbox"/> Crime Scene Unit |
| <input type="checkbox"/> Digital/Multimedia | <input type="checkbox"/> Firearms |
| <input type="checkbox"/> Latent Fingerprints | <input type="checkbox"/> Seized Drugs |
| <input type="checkbox"/> Toxicology | <input type="checkbox"/> Other _____ |

ADDITIONAL INFORMATION

- Please provide and attach a brief essay explaining why you are interested in forensic science.
(250-300 words)

HEALTH / SAFETY INFORMATION

Please list all known allergies

Please list all current medications

EMERGENCY CONTACT INFORMATION

Contact #1 Name

Relationship

Cell Phone Number

Contact #2 Name

Relationship

Cell Phone Number

Please note: events will be held one Saturday each month from 10:00 A.M. to 12:30 P.M.