



# Houston Forensic Science Center, Inc.

## Application for Explorer Program

Please send questions, completed applications and essays to [hfsceexplorers@hfsctx.gov](mailto:hfsceexplorers@hfsctx.gov)

Date: \_\_\_\_\_

### PARTICIPANT INFORMATION

Participant Full Name

Date of Birth

Preferred Name (If different than above)

E-Mail Address

Parent or Guardian Name(s)

Parent E-Mail Address

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:

Biology/DNA

Crime Scene Unit

Digital/Multimedia

Firearms

Latent Fingerprints

Seized Drugs

Toxicology

Other \_\_\_\_\_

## ADDITIONAL INFORMATION

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

## HEALTH / SAFETY INFORMATION

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Please list all known allergies

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Please list all current medications

## EMERGENCY CONTACT INFORMATION

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Contact #1 Name

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Relationship

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Cell Phone Number

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Contact #2 Name

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Relationship

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Cell Phone Number

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