



**POLICE EXPLORER APPLICANT
INSTRUCTIONS READ CAREFULLY**

Enclosed you will find an application, background packet, and a medical information form. It is a normal part of the Police Departments procedure to perform checks (records and reference) on the suitability of new Police Explorers due to the sensitivity of the information with which you will be working. If there are questions at any time during the application process do not hesitate to call the Explorer Post Advisor's Office at (303) 739-1775.

- *All questions **MUST BE** answered completely, accurately and **PRINTED/TYPED LEGIBLY***
- *If a question does not apply enter N/A in the space provided*
- *Falsification or failure to include information as directed will be considered grounds for non-acceptance*
- *Questions requiring additional information may be placed on the back of the form*

EXPLORER PROGRAM REQUIREMENTS:

1. MUST be between the ages of 14 (**and** in High School) and 21. (*Must apply prior to 20th birthday*)
2. MUST have and maintain a GPA of C or better. Must provide a copy of your report card
3. MUST pass a background investigation and an oral board interview
4. MUST be able to attend all training sessions. The Explorer Training Academy is 9 hours a day, every Saturday for 16 weeks. The Academy runs from January through April of each year
5. MUST maintain a 70% or higher cumulative GPA through the Explorer Training Academy
6. MUST be willing and able to participate in monthly meetings, special police training, community service events, post fundraising activities, and some social activities
7. MUST maintain a good attendance record for meetings, activities and events
8. MUST obey and follow the Standard Operating Procedures of the Aurora Police Department Explorer Post 2024
9. Applicants will be notified by mail or phone when and where to report to the next Recruiting Open House and Police Explorer Applicant testing session. Testing is usually held in the Fall of each year

When you turn or mail in your application you must include a photocopy of your government issued birth certificate and government issued photo identification card. If you do not have a government issued identification card a photocopy of a school identification card can be used.

**Mail completed applications to:
Officer Danno Singleton
Aurora Police Department Explorer Post 2024
13347 E. Montview Blvd.
Aurora, Colorado 80045**



**City of Aurora
Aurora Police Department
Law Enforcement Explorer Post 2024
Police Explorer Application**



DATE of Application: _____

NAME: _____ Date of Birth _____ Age: _____
 (Last) (First) (Middle)

ADDRESS: _____
 (Number) (Street) (City) (State) (Zip)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Sex: _____ Race: _____ Place of Birth: _____ SSN: _____

HT: _____ WT: _____ Hair: _____ Eyes: _____

Shirt Size: _____ Short Size: _____ *(This information will assist us with ordering Academy uniforms)*

Please state how you found out about the program: _____

SCHOOL INFORMATION

School: _____ Grade Level: _____ GPA: _____
(Current or last school attended)

Counselor: _____ Phone Number: _____

EMPLOYMENT INFORMATION

Employer: _____ Phone Number: _____
(List business name and current supervisor)

Address: _____
 (Number) (Street) (City) (State) (Zip)

REFERENCES

LIST TWO PERSONAL REFERENCES: *(Other than relatives)* State your relationship to them.

1. Name: _____ Phone: _____

Address: _____ Relationship: _____

2. Name: _____ Phone: _____

Address: _____ Relationship: _____

PARENT(s) /GUARDIAN INFORMATION

Which parent/guardian do you live with? (Circle one): MOTHER FATHER BOTH GUARDIAN

MOTHER'S NAME: _____ Home Phone: _____

Address: _____ Cell Phone: _____

FATHER'S NAME: _____ Home Phone: _____

Address: _____ Cell Phone: _____

GUARDIAN'S NAME: _____ Home Phone: _____

Address: _____ Cell Phone: _____

BACKGROUND INFORMATION

PERSONAL INFORMATION

Do you possess a valid driver's license? _____ If yes, complete the following:

STATE: _____ NUMBER: _____ TYPE: _____ EXPIRATION DATE: _____

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

Reason: _____

Do you own a vehicle? _____ Year: _____ Make: _____ Model: _____

Vehicle License Number: _____

List ALL Traffic Tickets you have received. (Use back page if necessary)

<u>MONTH/YEAR</u>	<u>CHARGE</u>	<u>LOCATION & ISSUING AGENCY</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been involved in a traffic accident as a driver? If yes, give all dates and locations

PERSONAL INFORMATION (cont'd)

Have you ever been suspended or expelled from school? (If yes, explain) _____

Have you ever been arrested, issued a criminal summons, been convicted of a crime or accepted a Plea Bargain? _____

If yes, please complete the following (list juvenile as well as adult records) - list any additional information on the back

<u>OFFENSE</u>	<u>CITY</u>	<u>DATE</u>	<u>DISPOSITION</u>
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Have you ever been the subject of a criminal investigation where you were not charged with a crime? _____

If yes, list crime and investigating Agency: _____

Have you ever applied for a position as a Police Explorer with the Aurora Police Department or any other Law Enforcement Agency? If so, which agency: _____

Have you ever been a Law Enforcement Explorer, volunteer, or employee with any Law Enforcement Agency? If so, where: _____ *Supervisors Name:* _____

Do you know any Police Officer, Civilian Employee or Police Explorer with the Aurora Police Department? If so, who? _____ *Relationship:* _____

GENERAL INFORMATION

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

Have you or do you consume alcoholic beverages? If yes, explain when and why you did: _____

Have you ever consumed any controlled substance (illegal drugs) or marijuana? If yes, list the drug(s) that you did, the dates that you consumed them and the circumstance _____

GENERAL INFORMATION (cont'd)

Why do you want to become a Police Explorer? _____

If accepted for this program what will be your goals? _____

Do you have your parents support in joining the Explorer Program? _____

Will you be able to attend the Explorer Academy nine hours a day every Saturday for sixteen (16) weeks starting in January and ending in April? _____

Are you willing and able to attend regular scheduled monthly meetings at 6:00pm-9:00pm on the first and third Thursday night? _____ Are you willing and able to participate in monthly 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: _____

List any courses or training you have taken that you feel would have an effect on the Explorer Program:

HEALTH HISTORY INFORMATION

This information is optional but will assist the program in insuring the safety of all involved

This Section should ONLY be completed if the applicant or parent/guardian refuses to complete this health history information form.

Refused to provide information:

_____ *Applicant's signature or signature of parent's/guardian's if under 18 yrs. of age*

Do you have any illness or condition that may prevent you from taking part in Explorer Activities? _____ If yes, explain: _____

Are you taking any medications on a regular basis? _____ *If yes, please list medication and dosage*

Do you wear glasses/contact lenses? _____ Vision without correction: _____

Do you have any hearing impairments? _____ *If yes, explain: _____*

Have you ever been diagnosed with a mental, nervous disorder, or have you ever attempted or threatened suicide? _____ *If yes, explain: _____*

Any restriction of activity for medical reasons? _____

The information in this packet is accurate to the best of my knowledge.

Applicant's Signature

Parent's/Guardian's Signature Required if Applicant is under 18 Years of

**Aurora Police Department Explorer Post 2024 Application
Background Check Release Form**

I, (*your name*) _____, **Date of Birth** _____

do hereby authorize the City of Aurora Police Department Explorer Program to have access to: any records your agency may have concerning me, my school records, criminal records, driving record, juvenile criminal record and employment records.

I have also included a photocopy of my government issued birth certificate and photo identification with this application.

Date: _____

Applicant's Signature

Parent's/Guardian's Signature Required if Applicant is under 18 Years of Age