



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 Advisors Office at (303) 739-6344. **ALL QUESTIONS MUST BE ANSWERED COMPLETELY, ACCURATELY and the answers must be PRINTED 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 14½ (and in high school) and 21. **(Must apply prior to 20th birthday)**
2. MUST be a United States Citizen or legal resident.
3. MUST have and maintain a GPA of C or better. Must provide a copy of your report card
4. MUST pass a background investigation and an oral board interview
5. MUST be able to attend all training sessions. The Explorer Training Academy is 9 hours a day, every Saturday for 12 weeks. The Academy runs from January to April of each year.
6. MUST maintain a 70% or higher, cumulative GPA through the Explorer Training Academy.
7. MUST be willing and able to participate in monthly meetings, special police training, community service events, post fundraising activities, and some social activities.
8. MUST maintain a good attendance record for meetings, activities and events.
9. MUST obey and follow the Standard Operating Procedures of the Aurora Police Department Explorer Post 2024.
10. 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 sometime in the fall.
11. 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:
Sergeant Chris Amsler
Aurora Police Department Explorer Post
15151 East Alameda Parkway #2400
Aurora, Colorado 80012



City of Aurora, Colorado 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 _____

Sex _____ Race _____ Place of birth _____ E-mail: _____

HT _____ WT _____ Hair _____ Eyes _____ SSN _____

Please state how you found out about the program _____

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

SCHOOL INFORMATION

School _____ Year _____ 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)

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 POSSES A VALID DRIVERS LICENSE? _____ (if yes the following must be completed.)

STATE _____ NUMBER _____ TYPE _____ EXPIRATION DATE _____

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? ____ IF YES, GIVE DATE _____

REASON _____

DO YOU OWN A VEHICLE? _____ YEAR _____ MAKE _____ MODEL _____

VEHICLE LICENSE NUMBER _____

LIST ALL TRAFFIC TICKETS YOU HAVE RECEIVED (USE BACK OF PAGE IF NECESSARY)

MONTH/YEAR	CHARGE	LOCATION & ISSUING AGENCY	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU EVER BEEN INVOLVED IN A TRAFFIC ACCIDENT (AS A DRIVER)? _____

IF YES, GIVE ALL DATES AND LOCATIONS

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 BARGIN? _____

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

OFFENSE	CITY	DATE	DISPOSITION
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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 what 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 circumstances _____

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? _____

Will you be able to attend the Explorer Academy which is nine hours a day every Saturday for twelve weeks starting in January and ending in April? _____

Are you willing and able to attend the monthly meeting every Thursday night at 6:00pm? _____

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 line should **ONLY** be completed if the applicant or parent/guardian refused to complete the 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)

This information has been reviewed and verified by _____
(Parent's/guardian's signature required if under 18 yrs of age)

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: _____

(Signature)

(Parent's/ Guardian's signature if applicant is under 18)