

JEFFERSON COUNTY SHERIFF'S OFFICE

EXPLORER POST #99

APPLICATION

Date of Application: _____
M / D / YR

Name: _____ Date of Birth: _____
(Last) (First) (Middle) M / D / YR

Age: _____ Sex: _____ Place of Birth: _____

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

Home Phone: _____ Cell Phone: _____

EMAIL Address: _____

Please state how you found out about the program: _____

SCHOOL INFORMATION

Current School: _____ Grade: _____ GPA: _____

What school programs are you currently involved in, or intend to become involved in?

EMPLOYMENT INFORMATION

Current Employer (if any): _____

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

Supervisors Name: _____ Phone: _____
(First) (Last)

PARENT/GUARDIAN INFORMATION

Which parent/guardian do you live with? _____

Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____

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

Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____

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

Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____

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

REFERENCES (OTHER THAN PARENT/GUARDIAN OR RELATIVE)

Name: _____ Relationship: _____
(Last) (First)

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

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____
(Last) (First)

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

Home Phone: _____ Cell Phone: _____

BACKGROUND INFORMATION

Do you possess a valid driver's license? Yes No

State: _____ Number: _____ Type: _____ Expiration: _____

Has your license ever been suspended or revoked? Yes No

If yes, give date: _____

If yes, give reason: _____

List all traffic tickets you have received, if any:

Month/Year	Charge	Location/Agency	Disposition

Have you, as a driver, ever been involved in a traffic accident? Yes No

If yes, give all dates and locations:

Have you ever been suspended or expelled from school? Yes No

If yes, explain:

Have you, or do you consume alcoholic beverages? Yes No

If yes, explain when, why and how often:

Have you ever used any illegal drug, to include marijuana? Yes No

If yes, what have you used? _____
If yes, explain when, why and how often:

Have you ever been arrested, issued a criminal summons, been convicted of a crime or accepted a plea bargain? Yes No

Offense	City	Date	Disposition

Have you ever been the subject of a criminal investigation where you were not charged with a crime?
Yes No If yes, list crime and investigating agency.

Have you previously applied to be an Explorer with Jefferson County? Yes No

Have you previously applied to be an Explorer with another agency? Yes No
If yes, which agency? _____

Have you ever been an Explorer with any other agency? Yes No
If yes, which agency? _____

Do you know any employees of the Jefferson County Sheriff's Office? Yes No
Name Division Relationship

Are you willing and able to participate in monthly community volunteer projects: Yes No

List any community organizations you currently belong to and any volunteer activities you currently participate in:

Please include the following documentation with this application:

- Copy of valid Colorado driver's license or ID
- Copy of current high school transcript
- Copy of high school diploma or GED (if applicable)
- Copy of special license/certificate (if applicable)

The information in this application is accurate to the best of my knowledge _____
(Applicant's signature)

I, _____, give my child permission to participate in the Explorer
program. Parent/Guardian signature: _____

(Parent/Guardian signature required if applicant under 18 years of age)

BACKGROUND CHECK AND RELEASE FORM

I, (your name) _____, Date of Birth _____ do hereby
authorize the Jefferson County Sheriff's Office 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 included a photocopy of my photo identification with this application.

Date: _____

Applicant's signature: _____

Parent/Guardian signature: _____

(Parent/ Guardian signature if applicant is under 18)