



JOHN W. HICKENLOOPER  
Mayor

# CITY AND COUNTY OF DENVER

## DEPARTMENT OF SAFETY

### DENVER POLICE DEPARTMENT EXPLORER POST 83 APPLICATION FOR MEMBERSHIP

DENVER POLICE DEPARTMENT  
ADMINISTRATION BUILDING  
1331 CHEROKEE STREET  
DENVER, COLORADO 80204-2787  
PHONE: (720) 913-2000

### REQUIREMENTS FOR MEMBERSHIP:

Explorer candidates must:

- be at least 14, but not yet 21 years of age
- be actively enrolled in a formal educational program
- maintain minimum academic standards of a 2.0 GPA or equivalent
- be free of any medical, physical or mental defects that could cause injury to the applicant or jeopardize others participating in the program
- have no serious criminal record, arrest or convictions which include traffic violation
- have written permission from a parent/guardian if the applicant is under 18 years of age
- be of good moral character and free of any criminal associations
- pass a background investigation

### DIRECTIONS FOR COMPLETING APPLICATION:

Please answer all questions completely and truthfully. Any incomplete answer or omission will be considered an intentional attempt at deception on the part of the applicant and will result in immediate dismissal from the Denver Police Explorer Program, as well as possible criminal charges under Colorado Revised Statutes §18-8-111. If additional space is needed to answer any of the questions, please attach a complete answer on a separate sheet of paper.

Please return the application to Technician J. Malouff 99066 at the Police Headquarters or when attending your first explorer meeting. Applications can be dropped off at any Denver Police facility by requesting that the desk officer send the application to Technician Malouff at the Volunteers in Policing Unit. Applications can also be mailed directly to Technician Malouff at: 1331 N. Cherokee Street Denver Colorado 80204.

Applicants will be required to show identification which includes a photograph, the applicant's name and date of birth when submitting their application or upon attending their first meeting. If no single form of identification is available to the applicant that has all required elements, the applicant may be asked to produce more than one form of identification.

Acceptable forms of identification include:

- US Government or state issued ID or drivers license
- Any government issued passport
- School issued photo ID
- Birth Certificate
- Social Security Card
- Alternative forms of identification will be considered on a case-by-case basis.

<http://denverpoliceexplorer.yuku.com/>

<http://www.myspace.com/denverpoliceexplorers>





# DENVER POLICE EXPLORERS APPLICATION

JOHN W. HICKENLOOPER  
Mayor

**Notice: This is a legal document. Falsification of any part of this document will result in immediate dismissal from the post and may result in criminal charges.**

## **PART I** **IDENTITY:**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

IDENTIFICATION NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

## **TELEPHONE NUMBERS:**

HOME \_\_\_\_\_ CELLULAR \_\_\_\_\_

WORK \_\_\_\_\_ PAGER \_\_\_\_\_

OTHER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

## **DEMOGRAPHICS:**

GENDER \_\_\_\_\_ RACE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_ BLOOD TYPE \_\_\_\_\_

## **EMPLOYMENT:**

NAME OF EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_

SUPERVISOR'S TELEPHONE NUMBER \_\_\_\_\_

**PARENT/GUARDIAN'S INFORMATION**

RELATIONSHIP \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

OTHER CONTACT INFORMATION \_\_\_\_\_

\_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

OTHER CONTACT INFORMATION \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN):**

RELATIONSHIP \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

OTHER CONTACT INFORMATION \_\_\_\_\_

\_\_\_\_\_

**EDUCATION:**

SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

CURRENT GRADE \_\_\_\_\_ CURRENT GRADE POINT AVERAGE \_\_\_\_\_

**REFERANCES (OTHER THAN PARENT/GUARDIAN):**

RELATIONSHIP \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

OTHER CONTACT INFORMATION \_\_\_\_\_

\_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

OTHER CONTACT INFORMATION \_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION FOR BACKGROUND INVESTIGATION:**

Denver Police Explorer policy requires that every explorer applicant submit to a background investigation to determine the applicant's suitability for membership in the Post. The background investigator will examine the applicant's criminal and driving history, the applicant's academic and disciplinary records, the applicant's criminal and gang associations as well as the applicant's work history. The background investigator may also contact parties, both listed on this application and others, for character references. The background investigator may also conduct any further investigation deemed necessary including requirement that the applicant submit to a polygraph, medical, or narcotic screening examinations, at the cost of the applicant.

**We, the undersigned, hereby give consent for a representative of the Denver Police Explorer Post to conduct the above described background investigation. We further authorize the release of any documents or records, both protected and public to the investigator from all organizations or agencies. We agree to hold such agencies harmless from civil or criminal liability for release of such records.**

APPLICANT SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

(Required if applicant is under 18 years of age)

**PART II**

Please answer all questions completely and truthfully. **Any inaccuracy or omission will be considered by the background investigator to be an intentional falsification on the part of the applicant and will result in immediate failure of the background investigation. Any such failure will result in dismissal from the post and may incur criminal charges.** If you are uncertain of whether you should report an event or incident, then you should report it.

We understand that people make mistakes and that most applicants will have some past events to report. We can work with applicants who are forthcoming with most minor transgressions, but **will not** accept applicants who attempt to conceal information in their background, even through omission.

If you need additional space, please attach a separate sheet of paper to this application.

Where details are asked for, please provide names, dates, times, exact location and a full description of events as well as the outcome of the event.

1. Have you ever received a ticket or citation? If so, provide full details \_\_\_\_\_

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2. Have you ever been arrested? If so, provide full details \_\_\_\_\_

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3. Have you ever been placed in a drug or alcohol rehabilitation, a detoxification facility, or received medical treatment for use or overuse of drugs or alcohol? If so provide full details. \_\_\_\_\_

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4. List all times you have had contact with a law enforcement officer, no matter how minor or in what capacity, that has not been described above. \_\_\_\_\_

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5. Have you ever used illegal drugs, narcotics, alcohol or other controlled substances? If so provide full details. \_\_\_\_\_

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6. Have you ever unlawfully possessed, sold, manufactured or transported illegal drugs, narcotics or other controlled substances? If so, provide full details. \_\_\_\_\_

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7. Have you ever unlawfully possessed, sold, manufactured or transported alcohol? If so, provide full details. \_\_\_\_\_

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8. Have you presently or in the past done anything, that if discovered later on, would or could prove to be an embarrassment to you, the Police Department, or the Explorer Program? If so, provide full details. \_\_\_\_\_

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9. Do you have any physical or mental disabilities that might interfere with your ability to participate safely in the program? If so, provide details including severity, symptoms, treatment and attending physician. \_\_\_\_\_

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10. Would you be able to devote your attention to the operation of the post and be able to attend all meetings and other post events expected of you? If you feel you may have a scheduling conflict or may be unwilling or unable to attend all meetings, provide details. \_\_\_\_\_

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11. Keeping in mind that this is a working and traveling unit, would you have any difficulty with finding transportation to and from the location of post activities within the Denver Metro area? If you feel there would be a problem, provide details. \_\_\_\_\_

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12. Do you possess any extra skills or abilities? Provide details. \_\_\_\_\_

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13. Besides law enforcement, what are your personal interests and hobbies? \_\_\_\_\_

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14. Do you currently belong to any other clubs, groups, sports leagues or other extra-curricular activities? If so, provide details. \_\_\_\_\_

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15. Have you ever been a member of, or associated with any criminal organization, including any street gang or organized criminal enterprise? If so, provide details.

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16. Do you associate with anyone who is now, or has ever been a member of, or associated with any criminal organization, including any street gang or organized criminal enterprise? If so, provide details. \_\_\_\_\_

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17. Do you know anyone who is now, or has ever been a member of a law enforcement agency? If so, provide details. \_\_\_\_\_

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18. Have you ever applied to another law enforcement explorer post, cadet program or similar program before completing this application? If so, provide details.

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19. Have you ever been fired or asked to resign from any job or organization? If so, provide details. \_\_\_\_\_

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20. Have you ever applied for a job, or membership in an organization and been rejected? If so, provide details. \_\_\_\_\_

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21. Have you ever failed a drug test? If so, provide details. \_\_\_\_\_

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22. Have you ever been a member of the Boy or Girl Scouts of America? If so, provide details. \_\_\_\_\_

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23. Have you ever attended any form of police training, including attending a youth or citizen's academy or technical school related to criminal justice? If so, provide details. \_\_\_\_\_

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24. Have you ever been subpoenaed or ordered to appear in a court of law? If so, provide details. \_\_\_\_\_

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25. Knowing that the Denver Police Explorer Program is a paramilitary organization, would you be willing to follow all lawfully issued orders from either senior explorers or police officers and follow all rules and regulations of the program? If you anticipate any problems, provide details. \_\_\_\_\_

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**AFFIDAVIT**

I, \_\_\_\_\_, certify that I have fully read and understand the type of organization the Denver Police Explorer Post is and that the information I have provided on this application is true, correct and complete to the best of my knowledge. I further affirm that I will comply with all rules, regulations and orders of the Denver Police Explorer Program. I understand that any falsification (even through omission) of any part of this application will be grounds for immediate dismissal from the post. I understand that this is a legal document, utilized by law enforcement officers in an official investigation and that any falsification (even through omission) is a crime which will be prosecuted to the fullest extent of the law.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent signature required only if applicant is under 18 years of age)

**NOTARY PUBLIC:**

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My Commission expires \_\_\_\_\_

Notary Public \_\_\_\_\_

**PARENT OR GUARDIAN CONSENT FOR MEMBERSHIP**

(Required only if applicant is less than 18 years of age)

I/we, the undersigned, do affirm that I/we are the legally appointed or natural guardian(s) of \_\_\_\_\_ (hereafter "applicant") and that I/we do hereby give consent for the applicant to participate in the Denver Police Explorer Program and certify that the applicant is willing and able to fulfill all related obligations.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent signature required only if applicant is under 18 years of age)

**NOTARY PUBLIC:**

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My Commission expires \_\_\_\_\_

Notary Public \_\_\_\_\_

**PARENT MEDICAL AUTHORIZATION**

(Required if applicant is less than 18 years of age)

EXPLORER'S NAME: \_\_\_\_\_

EXPLORER'S DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I/we the undersigned do hereby certify that I/we are the legally appointed or natural guardian(s) of the above named person who is under the age of eighteen years, and that I/we do hereby give consent for Officers, Deputies and other agents of the City and County of Denver and the Denver Police Explorer Program, Post 83 to authorize medical treatment for the above named person including, but not limited to, transportation by ambulance, emergency room examination, X-ray examination, anesthesia, medical or surgical diagnostic procedure, medication, and treatment considered reasonable and necessary by or under the supervision of a member of the medical staff of the hospital or treatment center furnishing medical services.

I understand that in the event of a serious illness or injury, reasonable efforts to notify me will be attempted, but it may be necessary for medical staff to begin treatment based upon the authorization of the Officers, Deputies and other agents of the City and County of Denver and the Denver Police Explorer Program.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTARY PUBLIC:

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My Commission expires \_\_\_\_\_

Notary Public \_\_\_\_\_

## DIVISION CHIEF OF TECHNOLOGY AND SUPPORT IDENTIFICATION CARD REQUEST

This form must be completed and forwarded to or accompany the applicant to the Identification Bureau. Be advised that the identification card issued is the sole property of the Denver Police Department and may be revoked at any given time. The identification card **MUST** be worn at all times while on Denver Police property.

All requests for identification cards will be processed through the Identification Bureau and must have the approval of a Division Chief or higher. The Office of the Deputy Chief of Administration reserves the right to exclude parties from entering a managed facility based upon this record check.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

AKA or Other Names Used: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: ( ) Male ( ) Female/Maiden Name: \_\_\_\_\_

Identification Card Expires on: **2 years after date of issue**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Date of Application: \_\_\_\_\_, 200\_\_

Signature of Applicant: \_\_\_\_\_

Authorized by (Division Chief or higher): \_\_\_\_\_  
(Signature is Mandatory)

Explorer Scout Explorer ID Number: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ 200\_\_

### \*\*Please check services requested for this ID\*\*

	<b>Criminal History</b>
	<b>Clearance (NCIC &amp; CCIC)</b>
	<b>Records Check (for DPD &amp; T #s)</b>
	<b>Assign T#</b>
	<b>Assign Photo #</b>
	<b>Prints &amp; Index</b>
<b>Review and Approved by (ID Supervisor) :</b> _____	
<b>Processed by:</b> _____	
<b>Entered in Database ( ) Card Issued ( ) Card Not Issued ( )</b>	