



**Boulder Police Department  
Explorer Application**

**Part I – Application**

**Applicant Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Are you between 14 and 21 years of age: \_\_\_\_\_

Driver's License or State ID Card #: \_\_\_\_\_ State: \_\_\_\_\_

**School/Employment/Extra-Curricular Activities**

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Grade: \_\_\_\_\_ GPA: \_\_\_\_\_

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Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Work Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's Number: \_\_\_\_\_

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List your involvement in any clubs, sports leagues or other extra-curricular activities:

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What unique experiences, skills and abilities will you bring to this position?

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In addition to law enforcement, what other interests and hobbies do you have?

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Why do you want to join the Boulder Police Explorer Program?

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**Parent/Guardian Information**

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work or Cell#: \_\_\_\_\_

Other Contact information: \_\_\_\_\_

2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work or Cell#: \_\_\_\_\_

Other Contact information: \_\_\_\_\_

**Emergency Contact (other than parent or guardian must be at least 18)**

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

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_

Other Contact information: \_\_\_\_\_

**References (Other than Parent/Guardian)**

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_

Other Contact information: \_\_\_\_\_

2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_

Other Contact information: \_\_\_\_\_

3. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_

Other Contact information: \_\_\_\_\_

**Part II – Personal History Statement**

Please answer all of the following questions completely and truthfully. Failure to do so may result in disqualification from the Explorer application process.

If you need additional space, please attach separate sheets of paper to this application. If asked, please include names, dates, times, and locations, along with a full description of events and their outcomes. We understand that dates and times may not be exact, but include that information to the best of your knowledge.

1. There will be two hour, regularly scheduled bi-weekly meetings. In addition, Explorers will be expected to spend a minimum of five to ten hours a month in different capacities in the department. This time will be scheduled to fit in the Explorer’s schedule. If selected as an Explorer, will you be able to devote your attention to the operation of the Post, and attend all meetings and other post functions? ()

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Have you ever received a ticket or citation from a law enforcement agency? If so, provide full details.

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2. Have you ever used an illegal substance, drugs or alcohol? If so, provide full details.

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3. Other than what you’ve listed above, please describe any formal contact you have had with a law enforcement officer.

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4. Have you ever unlawfully possessed, sold, manufactured or transported illegal substances, alcohol or other controlled substances? If so, please provide full details.

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

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6. Do you know anyone who is now, or has been, a member of a law enforcement agency? If so, please provide full details.

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7. Have you ever applied to another law enforcement explorer post, cadet program or similar program? If so, please provide full details.

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8. Have you ever attended any form of police training, including a youth or citizens' academy or technical school related to criminal justice? If so, please provide full details.

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9. Have you ever been fired or asked to resign from any job or organization? If so, please provide full details.

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Please read and sign each of the listed releases or affirmations. If the applicant is under the age of 18, a parent or guardian's signature is required as well. These releases and affirmations are membership requirements for the Boulder Police Explorer Program.

**Parent/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 Boulder Police Explorer Program and certify that the applicant is willing and able to fulfill all related obligations.

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

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Authorization for Background Investigation**

Boulder 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 academic, work and disciplinary records, any criminal, gang associations (if applicable), and driving history.

The selection process to become an Explorer will also entail contacting references, both listed on this application and others for character references. The investigation may include a drug screen, and a review of the applicant's social media sites.

We, the undersigned, hereby give consent for a representative of the Boulder Police Explorer Post to conduct the above described background investigation. We further authorize the release 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 \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardians signature required only if applicant is less than 18 years of age)

**Affirmation of Return of Issued Uniforms and Equipment**

We, the undersigned, understand that the items issued by the explorer program, including uniforms, identification documents and all other equipment, are the property of the Boulder Police Explorer Program. We accept financial responsibility for any loss or damage of the Boulder Police Explorer property in our care.

Applicant Signature \_\_\_\_\_ Date\_\_\_\_\_

Parent/Guardian’s Signature \_\_\_\_\_Date\_\_\_\_\_

(Guardians signature required only if applicant is less than 18 years of age)

**Parent/Guardian Medical Authorization**

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

Explorer’s Name: \_\_\_\_\_

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, and other agents of the City and County of Boulder and the Boulder Police Explorer Program, 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 and other agents of the City and County of Boulder and the Boulder Police Explorer Program.

Parent/Guardian Signature \_\_\_\_\_Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_Date: \_\_\_\_\_