



# PARKER POLICE DEPARTMENT

Chief of Police, Rodney J. Mendoza

P.O. Box 610—1314 11<sup>th</sup> Street—Parker AZ 85344—928.669.2264

## Explorer Program

### Requirements:

- o Have an interest in law enforcement
- o Maintain at least a “C” grade average
- o Be a United States Citizen or possess a valid Alien Card
- o Obtain parental permission
- o Submit the required application and background paperwork
- o Have no major criminal record
- o Have a good moral character
- o Participate in an oral interview
- o Pass a background investigation
- o Have no physical limitations
- o Follow instructions/be a team player
- o Complete six months probation
- o Be between ages of 15-20 (14 is acceptable only if you have graduated 8<sup>th</sup> grade)
- o Take and pass a written exam
- o Be able to attend scheduled Explorer Meetings
- o Be willing to volunteer your time to attend Explorer Functions, such as ride-a-longs, traffic control, special events and more.
- o Be willing to commit to the Explorer Code and exemplify the professional image of the Parker Police Department



## EXPLORERS PROGRAM APPLICATION FORM

Fill out this form completely and accurately. All statements herein are subject to verification. Incorrect statements or failure to answer all questions may bar or remove you from membership. Answers must be printed or typed. If more room is needed, please use an additional sheet of paper and mark accordingly.

### PERSONAL HISTORY:

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

(last)

(first)

(middle)

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

(number)

(street name)

(city)

(zip)

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair/Eye Color: \_\_\_\_\_

Are you attending school: \_\_\_\_\_ Yes \_\_\_\_\_ No Name of School/Grade: \_\_\_\_\_

**(Attach a copy of your latest report card or diploma)**

Do you have a valid driver's license: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what is D/L #: \_\_\_\_\_

Do you have a job: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, who is your employer: \_\_\_\_\_

(address)

(phone number)

(work hours)

(supervisor)

May I contact your employer as a reference: \_\_\_\_\_ Yes \_\_\_\_\_ No

Parents/Guardians: \_\_\_\_\_

(name)

(address)

(phone number)

In case of emergency, who should we contact: \_\_\_\_\_

Parent Signature: \_\_\_\_\_



Please list any medical problems, such as allergies, injured joints, etc. that would limit strenuous physical activity: \_\_\_\_\_

\_\_\_\_\_

Are you under a doctor's care, if so please list what for: \_\_\_\_\_

\_\_\_\_\_

Please list any medication(s) you are currently taking: \_\_\_\_\_

Have you ever received a traffic citation: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain in detail the situation, date/time and outcome: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What special activities or hobbies are involved in: \_\_\_\_\_

\_\_\_\_\_

Do you have any special skills or abilities, i.e. foreign languages, typing/computer skills: \_\_\_\_\_

\_\_\_\_\_

Do you belong to any clubs or organizations: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list: \_\_\_\_\_

Do you have any Search and Rescue Training: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_



How did you hear about our program: \_\_\_\_\_Friend \_\_\_\_\_School \_\_\_\_\_Letter  
\_\_\_\_\_Newspaper \_\_\_\_\_News \_\_\_\_\_Relative \_\_\_\_\_Other

Why do you want to become a Parker Police Department Explorer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For uniform purposes, please list: \_\_\_\_\_Pant Size \_\_\_\_\_Waist \_\_\_\_\_Inseam  
\_\_\_\_\_T Shirt Size \_\_\_\_\_Sweatshirt Size

**RETURN FORM TO:** Parker Police Department  
Parker Explorer Program  
Attn: Officer Martinez  
1314 11<sup>th</sup> Street Parker, AZ 85344  
928.669.2264