



PARKER POLICE DEPARTMENT

Chief of Police, Rodney J. Mendoza

P.O. Box 610—1314 11th 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 8th 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 11th Street Parker, AZ 85344
928.669.2264