



APPLICATION PUEBLO COUNTY SHERIFF'S OFFICE LAW ENFORCEMENT / EXPLORER PROGRAM



Thank you for your interest in the Pueblo County Sheriff's Office Cadet Program. The Law Enforcement Explorer Post is designed for young men and women who live in or near Pueblo County, as a mentoring and training program for teens to become familiar with and involved in Law Enforcement; to further their knowledge and understanding of the criminal justice system through training; and to provide an insight into all phases of law enforcement work as a possible career path or profession. The program will also help create a better understanding between the Sheriff's Office and the youth of our county.

READ CAREFULLY

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND ACCURATELY. If a question does not apply enter N/A in the space provided. Falsification or failure to include information as directed will be considered grounds for non-acceptance or termination if already a member. Questions requiring additional information may be placed on the back of the form. A letter of recommendation from a professional, friend, neighbor, or an associate will aid in your acceptance into the Explorer Program.

EXPLORER PROGRAM REQUIREMENTS

1. Be between the ages of 14 and 20. (Must apply prior to 20th birthday).
2. Actively enrolled in high school or college, maintaining a GPA of 2.0 or better. Must provide a copy of your report card, at every semesters end.
3. Pass a background investigation and an oral board interview.
4. Be able to attend all training sessions, unless excused by the Post Advisor and successfully completed an eight-week Explorer Basic Training Academy. Maintain a 70% or higher, cumulative GPA through the Explorer Basic Training Academy. **ANYONE CAUGHT CHEATING ON ANY TEST WILL BE AUTOMATICALLY DISMISSED FROM THE PROGRAM.**
5. Be willing and able to participate in monthly meetings, special law enforcement training, community service events, post fundraising activities, and some social activities. Maintain a good attendance record for meetings, activities and events.
6. Must be at least 14 years of age and have parent's or legal guardian's permission to participate in ride along program, custody observation program, and shooting range, if under the age of 18.
7. Join the Boy Scouts of America (includes girls), annual fee of \$10.00.

Applicants will be notified upon acceptance. All new Explorers will undergo a six-month probationary period. A plain white semi-casual dress shirt, a plain polo shirt will be allowed. Black BDU type or cargo pants (six pockets) and black leather shoes are required during this time, to be provided by the Explorer. The Explorer patch or marking will be provided to you by the Sheriff's Office. At the end of six months and prior to the Academy graduation, new Explorer's will be issued an Explorer uniform.

All interested persons should contact 583-6200 and/or email application to:

Bradleyc@pueblounty.us

PUEBLO COUNTY SHERIFF'S OFFICE
Explorer Post #157

DATE OF APPLICATION: _____ DAY TIME TELEPHONE: _____

NAME: _____
(First) (Middle) (Last)

DATE OF BIRTH: _____ AGE: _____ SSN: _____

ADDRESS _____
(Street) (City) (State) (Zip)

GENDER: _____ HEIGHT: _____ WEIGHT: _____

HAIR COLOR: _____ EYE COLOR: _____ PLACE OF BIRTH: _____

SCHOOL: _____ GRADE LEVEL: _____
(Current/last school attended)

GPA: _____

COUNSELOR: _____ PHONE: _____

EMPLOYER: _____ PHONE: _____
(List business name and current supervisor)

ADDRESS: _____
(Street) (City) (State) (Zip)

Email Address: _____

PARENT(S) or GUARDIAN(S) INFORMATION

Which parent do you live with? MOTHER _____ FATHER _____ BOTH _____

MOTHER'S NAME: _____ PHONE: _____

ADDRESS: _____

FATHER'S NAME: _____ PHONE: _____

ADDRESS: _____

*****IF UNDER 18 PROVIDE A LETTER STATING HOW YOUR PARENT(S) WILL BACK AND SUPPORT YOU IN THESE ADVENTURES*****

PERSONAL INFORMATION

DO YOU POSSES A VALID DRIVERS LICENSE? _____ (If yes the following must be completed.)

STATE: _____ NUMBER: _____ TYPE: _____ EXPIRATION DATE: _____

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? _____

(IF YES, provide the following information) DATE: _____ LOCATION: _____

REASON: _____

DO YOU OWN A VEHICLE? _____ YEAR: _____ MAKE: _____ MODEL: _____

LICENSE PLATE: _____ VIN: _____

LIST ALL TRAFFIC TICKETS YOU HAVE RECEIVED (use back of sheet if necessary)

MONTH/YEAR	CHARGE	LOCATION	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU EVER BEEN INVOLVED IN A TRAFFIC ACCIDENT? (As a driver) _____

IF YES, GIVE ALL DATES AND LOCATIONS

HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM SCHOOL? _____

IF YES EXPLAIN:

HAVE YOU EVER BEEN ARRESTED OR SUMMONED TO COURT? _____

If yes please complete the following (list juvenile as well as adult records) - list any additional information on the back

OFFENSE	CITY	DATE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____

LIST ANY COURSES OR TRAINING YOU HAVE RECEIVED PRIOR TO THIS PROGRAM:

MEDICAL INFORMATION

ARE YOU ALLERGIC TO ANY MEDICATIONS? _____ (IF YES, LIST AND EXPLAIN)

DO YOU HAVE ANY ILLNESS OR CONDITIONS THAT COULD PREVENT YOU FROM TAKING PART IN EXPLORER ACTIVITIES? _____ (IF YES EXPLAIN)

DO YOU WEAR GLASSES/CONTACT LENSES? _____

VISION WITH OUT CORRECTION? _____

DO YOU HAVE ANY HEARING IMPAIRMENTS? _____ (IF YES, EXPLAIN)

HAVE YOU EVER HAD A MENTAL OR NERVOUS DISORDER? _____ (IF YES, EXPLAIN)

DO YOU HAVE OR HAVE YOU EVER HAD THE FOLLOWING:

- ___ HEART CONDITION
- ___ DIABETES
- ___ HIGH BLOOD PRESSURE
- ___ LOW BLOOD PRESSURE
- ___ SPINAL INJURIES
- ___ HERNIA
- ___ COMMUNICABLE DISEASES

IF YES TO ANY OF THE ABOVE EXPLAIN:

IF YOU ARE UNDER THE AGE OF 18, DO YOU USE TOBACCO? _____ IF YES EXPLAIN?

IF YOU ARE UNDER THE AGE OF 21, DO YOU CONSUME ALCOHOLIC BEVERAGES? _____
IF YES EXPLAIN:

HEPATITIS B VACCINE DECLINATION FOR POST YOUTH/ADULT VOLUNTEERS

I understand that due to my voluntary participation in Exploring activities, I may be exposed to blood and other potentially infectious materials, and may therefore be at risk of acquiring hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine (Check one):

_____ **At my expense** _____ **At a reduced cost** _____ **At no charge to me**

However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, which is a serious disease, If in the future I continue to participate in post activities with exposure to blood or other potentially infectious materials and want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series (check one):

_____ **At my expense** _____ **At a reduced cost** _____ **At no charge to me**

(A parent/legal guardian must also sign if participant is under 18 years of age.)

Signature

Date

Signature (Parent)

Date

LIST TWO PERSONAL REFERENCES (other than relatives)

1. NAME: _____ PHONE: _____

ADDRESS: _____ RELATIONSHIP: _____

2. NAME: _____ PHONE: _____

ADDRESS: _____ RELATIONSHIP: _____

GENERAL INFORMATION

WHY DO YOU WANT TO BECOME AN EXPLORER?

IF ACCEPTED FOR THIS PROGRAM WHAT WILL BE YOUR GOALS?

DO YOU HAVE YOUR PARENTS SUPPORT IN JOINING? _____

ARE YOU WILLING AND ABLE TO ATTEND MONTHLY TRAINING AND MEETING IN THE EVENING? _____

LIST ANY RELIGIOUS, SOCIAL OR SERVICE ORGANIZATIONS THAT YOU ARE NOW A PART OF OR HAVE BEEN A MEMBER OF:

*****ONCE SUBMITTED ALL APPLICATIONS BECOME PROPERTY OF THE P.C.S.O.*****

BACKGROUND CHECK RELEASE INFORMATION

I, (your name) _____, Date of Birth _____ do hereby authorize the Pueblo County Sheriff' or his/her designee to have access to any records your agency may have concerning me.

Date: _____

(Signature)

(Parent's or Guardian's Signature)

PHOTO WAIVER / RELEASE

The Pueblo County Sheriff's Office uses photographs for projects that are promotional, advertising, commercial, educational, research, and/or archive in nature. As such, the office collects on an ongoing basis individual and group photos of deputies, students, cadets, and their families, of the Pueblo County Sheriff's Office. These photos are used for, but not limited to, the promotion of and opportunities within the office.

We ask for permission to use your photo and/or your child's photo, in promotional material to promote the Pueblo County Sheriff's Office and Explorer Post #157 and its activities.

I, _____, waive ownership of any photographic records taken by the Pueblo County Sheriff's Office, or photographers contracted by Pueblo County Sheriff's Office, and agree to permit the Pueblo County Sheriff's Office to use my image and/or my child's image, (in photographic, digital, or electronic format), for and in studio publications, posters, website, or other media, without limitation, and agree not to make any claim for misappropriation of personality, breach of privacy, or other loss or damages against the Pueblo County Sheriff's Office in respect thereof. I also understand that the Pueblo County Sheriff's Office may provide these photographs for use by a third party with whom Pueblo County may choose to associate with for joint marketing purposes.

I further agree to the inclusion of my name(s) and/or my child's name(s): _____

Signature: _____ Date: _____

Parent's Signature (*if under 18 years of age*) _____

Parent's Name (please print) _____