

**BASIC REQUIREMENTS  
LAW ENFORCEMENT EXPLORER PROGRAM**

- AGE:** Explorer Minimum Age 14 (Completed 8<sup>th</sup> grade) or 15 years of age and not yet 20
- EDUCATION:** Minimum 2.5 academic grade point average prior to and maintained after appointment.
- PHYSICAL FITNESS:** Good physical and mental health.

**UNITED STATES**

- CITIZENSHIP:** Applicant must be must be able to communicate effectively in written and spoken English.

**OTHER REQUIREMENTS:** Possess the qualities of honesty, maturity, self-discipline and initiative. Have a desire to learn. Make a commitment to volunteer time to serve the agency and community. Have parent / guardian approval to participate in Explorer activities.

**APPLICATION PROCESS:**

1. Complete and submit a Law Enforcement Explorer Application.
2. Background Investigation is conducted to include criminal records, police contacts, driving record, and interviews with associates, references, neighbors, and other pertinent sources.
3. Oral Interview.

**SPECIAL NOTES:**

1. Any one or a combination of the listed basic requirements, may serve to disqualify the applicant from further consideration as an Explorer.
2. Copies of the items listed below **MUST** be attached to the application:
  - Most recent copy of academic grades High School / College
  - Copy of High School Diploma / GED as applicable
  - Transcript of College Credits as applicable
  - Two (2) Letters of Reference
  - Copy of Drivers License as applicable

**APPLICANT DISQUALIFICATION FACTORS:**

Applicants are advised that areas for disqualification from further consideration include, but are not limited to, the following:

- A. Current use of non-prescribed or illegal drugs, or abuse of prescription drugs.
- B. Any felony conviction, some misdemeanor convictions, to include domestic violence charges.
- C. Police history - type, frequency and nature of contacts(s).
- D. Driving Record.
- E. Outside activities which may be classified as a conflict of interest.
- F. Revelation of assaultive behavior via background investigation or by the admission by the applicant.
- G. Unsuccessful completion of any basic requirement.

I certify that I have read the requirements set forth for the position applied for, and attest that all statements made by me on the application are true and any false statements will result in disqualification for consideration as a member of the Sheridan Police Department Law Enforcement Explorer program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





Are there any incidents in your life, whether or not you were directly involved, which if discovered by a subsequent investigation, would disqualify you as an applicant?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain in detail:

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**GENERAL HISTORY:**

Are you acquainted with any of the employees of the Sheridan Police Department?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list their names and how you are associated:

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How were you referred to the Police Department?

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Are you on social media? YES NO

If yes, please list which social media accounts you hold (Facebook, Instagram, Twitter, etc.): \_\_\_\_\_

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SHERIDAN POLICE DEPARTMENT  
4101 S. Federal Blvd.  
Sheridan, CO 80110

Name \_\_\_\_\_ Date \_\_\_\_\_

In 100 words or more: Why do you want to be a member of the Sheridan Police Department's Law Enforcement Explorer Program?  
Attach additional page if necessary. PLEASE HANDWRITE YOUR ANSWER.

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Sheridan, CO 80110

LAW ENFORCEMENT EXPLORER PROGRAM  
AUTHORITY FOR RELEASE OF INFORMATION

Name of Applicant \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date \_\_\_\_\_

This release, or photocopy of same, when presented by an authorized representative of the Sheridan Police Department, will constitute my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding:

School records, local police records, driving records and employment information. This shall be done with full knowledge and understanding that the Arapahoe County Sheriffs Office may use, consider or disclose such information, statements, records, with the scope of their official duties and responsibilities.

This authorization is given in connection with a full background investigation being conducted relative to my application as a Law Enforcement Explorer with the Sheridan Police Department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Witness

SHERIDAN POLICE DEPARTMENT  
4101 S. Federal Blvd.  
Sheridan, CO. 80110

LAW ENFORCEMENT EXPLORER PROGRAM  
RELEASE OF LIABILITY WAIVER

I, \_\_\_\_\_, for myself, my heirs, and my personal representatives hereby assume all risk of personal injury or death and property damage or loss from whatever causes arising, while I am on City premises and/or while I am engaged in Sheridan Police Department's Explorer Program and release the City of Sheridan, its officers, agents and employees from any liability therefore, directly or indirectly, and will defend, indemnify and save harmless the City, its officers agents and employees from any such liability, whether or not arising out of negligent or willful actions or the failure to act on the part of the City, its officers, agents and employees. The consideration for my agreements herein is my being allowed to engage in the activity identified above. (Further, I certify that I am over 18 years of age.)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

***If participant is under the age of 18 years, the following section must be completed:***

I, \_\_\_\_\_, being a parent or legal guardian of \_\_\_\_\_, a child, for myself, my heirs and my personal representatives, hereby agree to defend, indemnify, and save harmless City of Sheridan, its officers, agents, and employees, from any action brought by or on behalf of the above-named child arising out of the Sheridan Police Department Explorer Program. The consideration for my agreements herein is the City allowing said child to engage in this activity.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature