

# Police Explorers Program - Application

## Explorer Post #378



**Savage Police Department**  
 6000 McColl Drive  
 Savage, MN 55378  
 952-882-2600



**Scott County Sheriff's Office**  
 301 Fuller Street South  
 Shakopee, MN 55379  
 952-496-8300

| Applicant Information                                    |  |               |                  |
|----------------------------------------------------------|--|---------------|------------------|
| Last Name:                                               |  | First:        |                  |
| Middle:                                                  |  | Email:        |                  |
| Address:                                                 |  | City:         | State:      Zip: |
| Home Phone:                                              |  | Cell Phone:   |                  |
| Parent/Guardian Information                              |  |               |                  |
| Last Name:                                               |  | First:        |                  |
| Middle:                                                  |  | Relationship: |                  |
| Address:                                                 |  | City:         | State:      Zip: |
| Home Phone:                                              |  | Cell Phone:   |                  |
| Email:                                                   |  |               |                  |
| Last Name:                                               |  | First:        |                  |
| Middle:                                                  |  | Relationship: |                  |
| Address:                                                 |  | City:         | State:      Zip: |
| Home Phone:                                              |  | Cell Phone:   |                  |
| Email:                                                   |  |               |                  |
| Education                                                |  |               |                  |
| Do you currently attend school?                          |  | Yes           | No               |
| Current School Name:                                     |  |               |                  |
| Other schools you have attended within the past 5 years? |  | Yes           | No               |
| Names:                                                   |  |               |                  |
|                                                          |  |               |                  |

| Extra-Curricular Activities                                                                                                                                                                 |                       |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----|
| <b>Are you currently, or will be, involved in any sports, volunteer groups, or other obligations that need to be considered by you or your parents?</b>                                     | Yes                   | No |
| If yes, explain in detail:                                                                                                                                                                  |                       |    |
|                                                                                                                                                                                             |                       |    |
| Employment History                                                                                                                                                                          |                       |    |
| <b>Are you currently employed?</b>                                                                                                                                                          | Yes                   | No |
| <b>Current employer:</b>                                                                                                                                                                    | Immediate Supervisor: |    |
| Phone Number:                                                                                                                                                                               | Employment Dates:     | to |
| <b>Previous employer:</b>                                                                                                                                                                   | Immediate Supervisor: |    |
| Phone Number:                                                                                                                                                                               | Employment Dates:     | to |
| Reason for leaving:                                                                                                                                                                         |                       |    |
| <b>Previous employer:</b>                                                                                                                                                                   | Immediate Supervisor: |    |
| Phone Number:                                                                                                                                                                               | Employment Dates:     | to |
| Reason for leaving:                                                                                                                                                                         |                       |    |
| <b>Previous employer:</b>                                                                                                                                                                   | Immediate Supervisor: |    |
| Phone Number:                                                                                                                                                                               | Employment Dates:     | to |
| Reason for leaving:                                                                                                                                                                         |                       |    |
| <b>May we contact your employers?</b>                                                                                                                                                       | Yes                   | No |
| If not, why?                                                                                                                                                                                |                       |    |
| Career                                                                                                                                                                                      |                       |    |
| <b>Do you plan on pursuing a career in law enforcement?</b>                                                                                                                                 | Yes                   | No |
| If not, what are your career goals? <i>You <b>do not</b> have to be pursuing a law enforcement career to be accepted into this program:</i>                                                 |                       |    |
|                                                                                                                                                                                             |                       |    |
| Training                                                                                                                                                                                    |                       |    |
| The following questions are related to the training you may receive as an explorer. If you have any questions regarding the following questions, please contact an advisor for explanation. |                       |    |
| <b>Are you able to lift up to 60 lbs. for short periods of time?</b>                                                                                                                        | Yes                   | No |
| <b>Do you object to shooting a firearm?</b>                                                                                                                                                 | Yes                   | No |

|                                                                                                                                                                              |                     |               |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------|-------------|
| <b>Have you received certification in any of the following training? Circle all that apply:</b>                                                                              |                     |               |             |
| Firearms                                                                                                                                                                     | First Aid/CPR       | Drivers Ed    | Babysitting |
| Do you have additional certifications? If so, what certifications:                                                                                                           |                     |               |             |
| <b>References</b>                                                                                                                                                            |                     |               |             |
| Please supply three adult references who can speak of your true character (do not use relatives). If teachers, we need information to contact them during the summer months. |                     |               |             |
| <b>Reference 1:</b>                                                                                                                                                          |                     |               |             |
| Last Name:                                                                                                                                                                   | First:              | Relationship: |             |
| Address:                                                                                                                                                                     | City:               | State:        | Zip:        |
| Home Phone:                                                                                                                                                                  | Work or Cell Phone: |               |             |
| Email:                                                                                                                                                                       |                     |               |             |
| <b>Reference 2:</b>                                                                                                                                                          |                     |               |             |
| Last Name:                                                                                                                                                                   | First:              | Relationship: |             |
| Address:                                                                                                                                                                     | City:               | State:        | Zip:        |
| Home Phone:                                                                                                                                                                  | Work or Cell Phone: |               |             |
| Email:                                                                                                                                                                       |                     |               |             |
| <b>Reference 3:</b>                                                                                                                                                          |                     |               |             |
| Last Name:                                                                                                                                                                   | First:              | Relationship: |             |
| Address:                                                                                                                                                                     | City:               | State:        | Zip:        |
| Home Phone:                                                                                                                                                                  | Work or Cell Phone: |               |             |
| Email:                                                                                                                                                                       |                     |               |             |

|                                                                                     |
|-------------------------------------------------------------------------------------|
| <b>How many years do you believe you would be able to dedicate to this program?</b> |
| <b>How did you hear about the Explorer Program?</b>                                 |
| <b>What are your feelings and attitude about law enforcement?</b>                   |

**Briefly explain why you want to become a member of the Savage/Scott County Police Explorer Post:**

We welcome you as an applicant for the City of Savage/Scott County Sheriff's Police Explorer Program. It is our policy to provide equal opportunity for employment and volunteer roles. The City of Savage/Scott County Sheriff will not discriminate on the basis of race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, familial status, status with regard to public assistance, local human rights commission activity or any other basis protected by law.

The City of Savage/Scott County Sheriff's Office accommodate qualified persons with disabilities in all aspects of employment or volunteer positions, including the application process. If you believe you need a reasonable accommodation to complete the application process, please contact Human Resources.

**According to Minn. Stat. § 13.04, the city/county must advise you of the following:**

**Purpose and intended use of the data:**

This information is collected for purposes of selecting a candidate for a volunteer opportunity with the Police Explorers Program. In the event you are selected for the program, your data will be used to perform a criminal background check, including using the BCA's website. Consultant, city staff and elected officials involved in this process will have access to the data provided. Data may be shared upon court order or provided to the state or legislative auditor, upon request.

**Whether you may refuse or are legally required to supply this data:**

An application for this volunteer position, as well as supplying any data on the application and background packet is voluntary.

**Consequences arising from supplying or refusing to supply this data:**

We take pride in selecting the best candidates, but we can't do this without a complete application. Filling out the application is voluntary, and the more complete the application, the better your chances of conveying to the city/county you are the best candidate for the volunteer opportunity. Except for explicitly optional requested information, refusal to provide a complete application may result in immediate disqualification from consideration.

Minors submitting this application have the right to request that parental access to private data be denied. If you wish to make this request, please submit the request in writing to City of Savage, 6000 McColl Drive, Savage, MN 55378.

*By signing below, you are stating that you have filled out this application honestly and completely. You are also stating that you give the Savage Police Department/Scott County Sheriff's Office permission to complete a background check including, but not limited to, employment, school, personal, and criminal history.*

**Applicant Signature:**

**Date:**

Parent/Guardian Signature (if under 18)

Date: