



Greensboro Police Department Explorer Program Application Form

Explorers Receive Training, Respect & Appreciation

Nature of Program

Explorers will receive training on basic law enforcement. Explorers may have the opportunity to demonstrate their learned skills while competing against other Explorer Programs throughout the county, state and/or nation during training seminars. The Explorers most important job will be to use his/her learned skills to serve their community and its residents in a positive manner. Explorers must uphold high standards of discipline, respect, honor, and dedication to excellence in all areas of their lives. Explorers should have a career interest in law enforcement, the criminal justice system and/or a community service-related field.

Requirements and Necessary Documents

To participate in the Explorer Program at the Greensboro Police Department, **all candidates must:**

1. Be at least 14 years of age (entering 9th grade), thru 18 years-of-age (participants may remain in the program until their 21st birthday).
2. Be a United States Citizen or Legal Resident of the United States.
3. Must have proof of active enrollment in school and maintain a 2.0 or higher GPA while in the program
4. Be drug/substance (illegal) free, including alcohol and tobacco.
5. **Must not** have any criminal or gang background or involvement.
6. Provide a copy of his/her birth certificate, photo ID (drivers license if applicable)
7. Parent(s)/legal guardian provide a photo ID if applicant is under 18 years of age.
8. Have and give substantial commitment to attended mandatory weekly meetings and assigned details (at least two details a month).
9. Have substantial support from a parent/legal guardian if under the age of 18.
10. Provide a copy of their health insurance card/information.

Closing Date

Open until positions are filled

How To Apply

Applications may be obtained at the Greensboro Police Department, 320 Federal PI, or online at www.gsopd.com

Questions?

Contact the GPD Explorer Program by calling Officer LaBarre, Senior Advisor, at (336) 669-1290

The Greensboro Police Department is an equal opportunity agency and does not discriminate on the basis of age, citizenship (including citizenship status), color, disability, marital status, national origin, race, religion, sex or sexual orientation.



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Please type or print clearly. Do not leave any field blank. Enter "n/a" if not applicable.

Position Applying For: <u>Greensboro Police Department Explorer</u>
Referred by (Include employee name , CCN number and relationship to applicant, if applicable):

Last name	First name	Middle name
Date of birth and age	Social Security number	Date of application
Mailing address	City and state	Zip Code
Home phone number (w/ area code)	Work phone number (w/ area code)	Cellular / pager number (w/ area code)
E-mail address	Social media names	

Place of birth (county, state, an country)	Race	Sex	Height (feet', inches")
Weight	Eye color	Hair color	
List any scars, marks or tattoos			

By signing this document, I certify that all of the information on this entire application is true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, or misrepresentation is sufficient cause for rejection of this application, removal of my name from consideration or dismissal from service. **I understand that the Greensboro Police Department is a drug-free workplace and that all Explorers must be drug-free.**

I understand that this application is the property of the Greensboro Police Department. I am also attesting that I understand and meet all of the minimum requirements of the position I am applying for as stated on the job announcement

Print applicant's full name Signature D.O.B. or SSN# Date

Print parent/legal guardian Signature D.O.B. or SSN# Date
Full Name (if under 18)



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Why are you applying or interested in this position?

Below give a detailed response stating why you are applying for this position, and why you are the best candidate for this position. Please include anything you hope to accomplish or learn during the Explorer Program.



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Education and Training Background

List any education/training which you feel relates to the Explorer Program. Describe in sufficient detail to demonstrate that you meet the minimum requirements to become an Explorer.

High School Information:

Are you currently enrolled in high school? <div style="text-align: right;">[] yes [] no</div>	If you have graduated, provide the year
Name of high school	High school phone number (w/ area code)
Current grade level in school	What is your G.P.A.?
List any clubs or organizations of which you are a member or activities in which you participate	

College/ University/ Trade School Information:

Are you currently enrolled? <div style="text-align: right;">[] yes [] no</div>	If you have graduated, provide the year
Name of school / college / university	School phone number (w/ area code)
Current level	What is your G.P.A.?
Major course of study	
List any clubs or organizations of which you are a member or activities in which you participate	
If not in school, have you graduated... <div style="text-align: right;">[] yes [] no</div>	...or do you have a GED? <div style="text-align: right;">[] yes [] no</div>
Describe your future educational plans	
List any and all certifications, qualifications or licenses in any area	



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Driver's License Information

Do you have a valid driver's license? <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> yes <input type="checkbox"/> no </div>	If yes, in which state was it issued?
Driver's license #	Date of expiration

Employment History

Please list any full-time and part-time work experience which you feel relates to the Explorer Program. Start with the most recent related position and work back. Major changes in duties or job titles with the same employer should be listed as separate positions. Describe job duties in sufficient detail to demonstrate that you meet the minimum requirements of the position. Use additional sheets in the same format if necessary.

Most recent position:

Title of position			
Employer		Complete employer address (include zip code)	
Start date (M/D/Y)	End date (M/D/Y)	Total time with employer (years, months)	Hours per week
Reason for leaving			
Name / Title of supervisor		Supervisor's telephone number (w/ area code)	
Description of Job Duties:			

Next most recent position:

Title of position			
Employer		Complete employer address (include zip code)	
Start date (M/D/Y)	End date (M/D/Y)	Total time with employer (years, months)	Hours per week
Reason for leaving			
Name / Title of supervisor		Supervisor's telephone number (w/ area code)	
Description of Job Duties:			



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NOTE: NO INFORMATION PROVIDED WILL BE USED BY GPD TO FILE CRIMINAL CHARGES

Please answer the following four questions by circling the appropriate response. If you answer yes to any of the questions, make sure to provide detailed information in the corresponding box.

Controlled Substance/Drug Use:

- 1. Have you ever illegally used drugs or controlled substances? Yes No

- 2. Do you now or have you ever illegally possessed, supplied, or sold any drugs or controlled substances? Yes No

If you answered yes to either or both of the questions above, provide details below:

Name of Drug/Controlled Substance	First used on (Month/Year)	Last used on (Month/Year)	Total Times Used

Criminal History:

- 3. Have you ever been arrested or detained by any law enforcement agency? Yes No

- 4. Have you ever been convicted of, or have you ever been found to have committed any civil or criminal law violations? Yes No

If you answered yes to one or both questions above, provide details below:

Charge, Law Violation, or Circumstance	Location (City/State)	Detention, Disposition, or Penalty	Date of Office (M/Y)

By signing this document, I certify that all of the information provided is true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, or misrepresentation is sufficient cause for rejection of my application, removal of my name from consideration, or dismissal from service.

Print applicant's full name Signature D.O.B. or SSN# Date

Print parent/legal guardian's full name Signature D.O.B. or SSN# Date



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Parental/ Legal Guardian Information (only complete if under 18 years of age)

Parent / guardian

Parent/Legal Guardian's name:	
Home address	City, state, zip code
Home phone (w/ area code)	Work phone (w/ area code)
Cell phone or pager (w/ area code)	

Parent/ Legal Guardian's name:	
Home address	City, state, zip code
Home phone (w/ area code)	Work phone (w/ area code)
Cell phone or pager (w/ area code)	

Emergency Contact Information

In the event of an emergency and the parent/legal guardian is unavailable, please list two individuals to be contacted:

Contact #1	
Home address	City, state, zip code
Home phone (w/ area code)	Work phone (w/ area code)
Cell phone or pager (w/ area code)	

Contact #2	
Home address	City, state, zip code
Home phone (w/ area code)	Work phone (w/ area code)
Cell phone or pager (w/ area code)	



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Medical Information

Health / Accident Insurance Company	Phone (w/ area code)	Policy Number
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Are you now, or have you ever been, subject to (please answer yes or no)

Asthma _____ Fainting Spells _____ Convulsions _____
Diabetes _____ Heart Trouble _____ Bleeding Disorders _____
Allergy (ies) to any medication, food, plant, insect bite or other material or substance _____

If you answered yes to any of the above, please provide additional information and list the allergies:

Do you have any condition that may require special care, medication, or diet? yes no

If you answered yes to the above, please explain:

Are you taking any medication? yes no

If you answered yes to the above, please explain:

Are there any restrictions placed on you for any reason, including medical? yes no

If you answered yes to the above, please explain:



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I solemnly swear and affirm that the answers that I have made to each and all of the questions are true and complete to the best of my knowledge and belief. I agree and understand that any misstatements of material facts contained herein will be cause for forfeiture on my part to all rights to membership in the Greensboro Police Department Explorer Program.

I hereby authorize the Greensboro Police Department to verify any and all facts listed on this application, and to contact any references I have listed.

Date	Signature of applicant
	Signature of parent / legal guardian

COUNTY OF GUILFORD)
STATE OF NORTH CAROLINA

On this _____ day of _____, 20_____,

Before me personally appeared _____
to me well know to be the same person described in and who executed the foregoing document, who having been duty sworn/or affirmed before me, stated that to the best of their knowledge and belief that the statements and answers to the questions in foregoing questionnaire contained, whether in writing or in print, are true.

NOTARY PUBLIC, STATE OF NORTH CAROLINA AT LARGE

As the parent/legal guardian of the applicant applying for membership to Greensboro Police Department Explorer Program, I hereby give my permission for the applicant to become a member of the Greensboro Police Department Explorer Program.

Date	Signature of parent / legal guardian
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COUNTY OF GUILFORD)
STATE OF NORTH CAROLINA

On this _____ day of _____, 20_____,

Before me personally appeared _____
to me well know to be the same person described in and who executed the foregoing document, who having been duty sworn/or affirmed before me, stated that to the best of their knowledge and belief that the statements and answers to the questions in foregoing questionnaire contained, whether in writing or in print, are true.

NOTARY PUBLIC, STATE OF NORTH CAROLINA AT LARGE