



**David C. Walcher**  
Sheriff

**OFFICE OF THE SHERIFF**  
13101 E. Broncos Parkway  
Centennial, Colorado 80112  
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## BASIC REQUIREMENTS LAW ENFORCEMENT EXPLORER PROGRAM

- AGE:** Minimum Age 14 (Completed 8<sup>th</sup> grade) and not yet 20.
- EDUCATION:** Minimum 2.0 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 shall 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 Driver's License as applicable



An Internationally Accredited Agency

Committed to Quality Service with an Emphasis on Integrity, Professionalism and Community Spirit.

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 of the applicants
- 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 Law Enforcement Explorer program.

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Signature

Date

ARAPAHOE COUNTY SHERIFF'S OFFICE LAW ENFORCEMENT EXPLORER APPLICATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Last First Middle

METHOD OF REFERRAL (Newspaper, friends, etc.): \_\_\_\_\_

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INSTRUCTIONS

1. Answer all questions completely. If a question is not applicable, write "N/A". Write "Unknown" if you do not know the answer and cannot obtain the answer from your records.
2. Type, print, or write legibly. It is imperative that all information is accurate and up-to-date. Information on names, address and references must be correct in order to process this application.
3. Attach copies of your most recent academic grades, driver's license, high school diploma or GED and college transcripts if applicable.
4. NOTE TO APPLICANT: RESPONSES MORE LENGTHY THAN SPACE PROVIDED SHOULD BE CONTINUED ON AN ATTACHED SUPPLEMENTAL SHEET.

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YOUR ADDRESS: \_\_\_\_\_  
Street City State Zip

PHONE # HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ BLOOD TYPE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ U.S. CITIZEN: \_\_\_\_\_ YES \_\_\_\_\_ NO

EMERGENCY NOTIFICATION: \_\_\_\_\_  
Name Address Phone

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE OF \_\_\_\_\_

DATE OF ISSUE: \_\_\_\_\_ OTHER LICENSES HELD AND NUMBERS: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_  
Street City State Zip

EDUCATION:

Circle highest grade completed: 8 9 10 11 12 13 14 15 16

Elementary School: \_\_\_\_\_  
Name Address Zip

Junior High School: \_\_\_\_\_  
Name Address Zip

High School: \_\_\_\_\_  
Name Address Zip

Date of graduation from high school (or completion of GED): \_\_\_\_\_

College, University or Trade School:

\_\_\_\_\_  
Name Address State Zip

CURRENT EMPLOYER: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Highest Position Held and Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

CHARACTER HISTORY:

Have you ever stolen anything?

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

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested or charged with a criminal offense, misdemeanor or felony, to include traffic charges?

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

\_\_\_\_\_  
\_\_\_\_\_

Have you ever used any illegal or non-prescribed drugs including marijuana, amphetamines, depressants, steroids, tranquilizers, cocaine, etc.? Do you abuse any prescription or non-prescription drugs?

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

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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 Arapahoe County Sheriff's Office?

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

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How were you referred to the Sheriff's Office?

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ARAPAHOE COUNTY SHERIFF'S OFFICE  
13101 E. Broncos Parkway  
Centennial, CO 80112

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

The below question is to be answered by the applicant.

In 100 words or more: Why do you want to be a member of the Arapahoe County Sheriff's Office Law Enforcement Explorer Program? Please handwrite. Attach additional page if necessary.

# ARAPAHOE COUNTY SHERIFF'S OFFICE

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## 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 Arapahoe County Sheriff's Office, 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 Arapahoe County Sheriff's Office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Witness

ARAPAHOE COUNTY SHERIFF'S OFFICE

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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 County premises and/or while I am engaged in Arapahoe County Sheriff's Office Explorer Program and release Arapahoe County, its officers, agents and employees from any liability therefore, directly or indirectly, and will defend, indemnify and save harmless the County, 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 County, 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 Arapahoe County, its officers, agents, and employees, from any action brought by or on behalf of the above-named child arising out of the Sheriff's Office Explorer Program. The consideration for my agreements herein is the County allowing said child to engage in this activity.

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

\_\_\_\_\_  
Signature