We are pleased that you have shown an interest in the Marana Police Department Explorer Program. Attached you will find our application packet that tells more about the program and our meetings.

When you complete the enclosed application, return it to:

Marana Police Department
Attn: Explorer Post #77
11555 W Civic Center Dr.
Marana, Arizona 85653

The meetings are held every Monday from 5pm to 8pm and one Saturday a month from 7am to noon.

The Explorer Program is the best program for young men and women who are interested in learning about law enforcement. We hope that you will be able to attend our meetings and become a member of this rewarding program.

If you have further questions, please call (520) 382-2055 or e-mail us at Explorers@MaranaAz.gov

A few things you should know about the Marana Police Explorer post prior to joining:

You must meet all of the requirements to join the Explorer Program prior to applying, such as: school grades, no serious arrests or convictions, good moral character, etc.

If accepted into the Explorer Program, you will be expected to maintain these standards throughout your stay in the Explorer Post. If you do not maintain these standards, you may be removed from the program.

If accepted into the Explorer Program, you will be required to purchase a specific pair of uniform boots within one month after your acceptance. These boots can cost up to sixty dollars.

If accepted into the Explorer Program, you will be required to maintain good grooming standards on hair length and appearance, facial hair and general appearance. These standards are to be met by the next Explorer meeting or activity after you are accepted. These standards will also be maintained throughout your stay in the Explorer Program or you may be removed.

Dating other members of the Explorer program is not permitted under any circumstances. Although friendships are made, the Explorer Program is not intended to be used as a dating service or to find boyfriends or girlfriends for you. If it is discovered that members of the Explorer Program are dating, both members could be removed from the program.

Any occurrence of dishonesty, and/or deception is grounds for immediate termination from the Explorer Program.

If accepted into the Explorer Program, you will be subjected to constructive criticism and occasional discipline. Disciplinary actions such as memos, push-ups, or running stairs will be enforced if deemed necessary. You will be expected to perform the disciplinary actions when asked.

The Marana Police Explorer Program has and maintains high standards. We expect all of our members to be proud of who they are and proud to belong to this organization. We will not make any exceptions to our high standards as we do have a reputation to live up to. Therefore, if you do not feel that you are capable of following these rules and requirements, we suggest that you reconsider applying for this program.

If you do feel that you can follow these rules and requirements, we invite and welcome your application to be a Marana Police Explorer.

MARANA POLICE EXPLORER

APPLICANT QUESTIONNAIRE

Name of Applicant: (Last, First, Middle)

_____

Date of Application: _____

Email Address: _____

READ THE FOLLOWING INFORMATION CAREFULLY AND COMPLETELY

Those persons responsible for accepting applications into the Marana Police Explorer Program will evaluate this questionnaire. It will be reviewed as part of a background investigation into your personal history.

ALL APPLICANTS ARE REQUIRED TO COMPLETE THIS QUESTIONNAIRE AND COMPLETE AN INTERVIEW AS PART OF THE APPLICATION PROCESS.

ANY FALSE, MISLEADING, OR INCOMPLETE INFORMATION OR FAILURE TO FOLLOW INSTRUCTIONS LISTED BELOW WILL BE GROUNDS TO DISQUALIFY YOU FOR MEMBERSHIP IN THE MARANA POLICE EXPLORER PROGRAM.

FOLLOW THESE DIRECTIONS CAREFULLY

- USE BLACK INK TO COMPLETE THIS QUESTIONNAIRE.
- COMPLETE THE QUESTIONNAIRE IN YOUR OWN HANDWRITING OR PRINTING. **DO NOT TYPE.**
- WRITE OR PRINT LEGIBLY.
- READ EACH QUESTION CAREFULLY.
- ANSWER EACH QUESTION COMPLETELY AND ACCURATELY.
- ANSWER ALL QUESTIONS.
- IF A QUESTION DOES NOT APPLY TO YOU, WRITE “N/A” IN THE BOX.
- IF YOU NEED ADDITIONAL SPACE, WRITE ON THE BACK PAGE

- BEFORE RETURNING THIS QUESTIONNAIRE, READ AND SIGN THE LAST PAGE. IF YOU ARE UNDER 18 YEARS OLD, YOU MUST ALSO HAVE A PARENT OR GUARDIAN SIGNATURE.

SUBMIT THE FOLLOWING DOCUMENTS

- PHOTOCOPY OF YOUR MOST RECENT REPORT CARD.
- PHOTOCOPY OF YOUR DRIVER’S LICENSE, IF APPLICABLE.
- PHOTOCOPY OF ANY CERTIFICATES, AWARDS OR DOCUMENTS THAT MAY BE APPLICABLE.
- PHOTOCOPY OF YOUR BIRTH CERTIFICATE OR OTHER PROOF OF AGE.

1. PERSONAL DATA

LAST NAME	FIRST NAME	MIDDLE NAME	HOME PHONE	WORK PHONE	MESSAGE PHONE

CURRENT ADDRESS	CITY	STATE	ZIP

AGE	DATE OF BIRTH	PLACE OF BIRTH	SEX	RACE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR

SOCIAL SECURITY NUMBER	LIST ANY OTHER NAMES YOU HAVE EVER USED

2. ADDRESS HISTORY

STARTING WITH YOUR PRESENT ADDRESS, LIST ALL MAILING ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST FIVE (5) YEARS. DO NOT FORGET TO INCLUDE ZIP CODES.

DATES		STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
FROM	TO					
	PRESENT					

3. REFERENCES

LIST THREE (3) REFERENCES (NOT RELATIVES OR FORMER EMPLOYERS) WHO ARE RESPONSIBLE ADULTS, AND WHO HAVE KNOWN YOU WELL FOR AT LEAST THE LAST THREE (3) YEARS.

NAME		STREET ADDRESS			___RESIDENCE	___BUSINESS
HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP	HOME PHONE	BUSINESS PHONE
NAME		STREET ADDRESS			___RESIDENCE	___BUSINESS
HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP	HOME PHONE	BUSINESS PHONE
NAME		STREET ADDRESS			___RESIDENCE	___BUSINESS
HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP	HOME PHONE	BUSINESS PHONE

4. EDUCATION

INDICATE BY CHECKING THE SELECTION BELOW IF YOU HAVE ANY OF THE FOLLOWING:

HIGH SCHOOL DIPLOMA_____ G.E.D. CERTIFICATE_____

ARE YOU CURRENTLY ATTENDING SCHOOL? YES_____ NO_____

IF YES, WHAT SCHOOL ARE YOU ATTENDING? _____

WHAT GRADE ARE YOU CURRENTLY IN? _____ **WHAT IS YOUR CURRENT GRADE POINT AVERAGE?** _____

PLEASE LIST ANY JUNIOR HIGH, HIGH SCHOOL OR COLLEGE YOU HAVE ATTENDED IN CHRONOLOGICAL ORDER.

DATES	NAME OF SCHOOL	ADDRESS, IF OUTSIDE MARANA	YEAR IN SCHOOL

HAVE YOU EVER BEEN SUSPECTED, DISCIPLINED OR EXPELLED FROM ANY SCHOOL? YES_____ NO_____

IF YES, PLEASE EXPLAIN: _____

_____

_____

_____

_____

5. EMPLOYMENT HISTORY

HAVE YOU EVER BEEN EMPLOYED? YES_____ NO_____

ARE YOU CURRENTLY EMPLOYED? YES_____ NO_____

IF YOU HAVE BEEN EMPLOYED BEFORE, HAVE YOU EVER BEEN FIRED, DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYEMENT? YES_____ NO_____

IF YES, PLEASE EXPLAIN: _____

_____

_____

_____

_____

IF YOU HAVE NOT BEEN EMPLOYED BEFORE YOU MAY SKIP THE FOLLOWING SECTION.

IF YOU HAVE BEEN EMPLOYED BEFORE, YOU NEED TO COMPLETE THE SECTION ON THE FOLLOWING PAGE.

5. EMPLOYMENT HISTORY (continued)

BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL THE PLACES YOU HAVE WORKED. PLEASE KEEP THEM IN PROPER ORDER. LIST ALL EMPLOYMENT, TEMPORARY ASSIGNMENTS, VOLUNTEER SERVICE AND PART-TIME EMPLOYMENT. YOU MUST LIST EVERYTHING, OMIT NOTHING. (IF ADDITIONAL SPACE IS NEEDED, ATTACHED A SEPARATE SHEET OF PAPER OR WRITE ON BACK PAGE.)

CURRENT OR MOST RECENT EMPLOYER	NAME OF BUSINESS	JOB TITLE	
	STREET ADDRESS	SUPERVISOR	
FROM:	CITY	PHONE NUMBER	STARTING SALARY
TO: PRESENT	STATE	ZIP	ENDING SALARY

DESCRIBE YOUR DUTIES: _____

EMPLOYER	NAME OF BUSINESS	JOB TITLE	
	STREET ADDRESS	SUPERVISOR	
FROM:	CITY	PHONE NUMBER	STARTING SALARY
TO: PRESENT	STATE	ZIP	ENDING SALARY

DESCRIBE YOUR DUTIES: _____

EMPLOYER	NAME OF BUSINESS	JOB TITLE	
	STREET ADDRESS	SUPERVISOR	
FROM:	CITY	PHONE NUMBER	STARTING SALARY
TO: PRESENT	STATE	ZIP	ENDING SALARY

DESCRIBE YOUR DUTIES: _____

6. ARREST / CRIMINAL HISTORY

THE FOLLOWING QUESTIONS PERTAIN TO YOUR EXPERIENCES IN THIS COUNTRY AND ALL OTHER COUNTRIES, AS BOTH A JUVENILE AND AS AN ADULT. DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS. EXPLAIN ANY "YES" ANSWERS IN DETAIL ON BACK PAGE.

	YES	NO
A. HAVE YOU EVER HAD ANY CONTACT WITH ANY LAW ENFORCEMENT OFFICIAL?		
B. HAVE YOU EVER BEEN WARNED ABOUT ANYTHING BY A LAW ENFORCEMENT OFFICIAL?		
C. HAVE YOU EVER BEEN DETAINED BY A LAW ENFORCEMENT OFFICIAL?		
D. HAVE YOU EVER BEEN ACCUSED OF A CRIME?		
E. HAVE YOU EVER BEEN CHARGED WITH A CRIME?		
F. HAVE YOU EVER BEEN ARRESTED?		
G. HAVE YOU EVER BEEN CONVICTED OF A CRIME?		
H. HAVE YOU EVER BEEN BOOKED INTO JAIL?		
I. HAVE YOU EVER RECEIVED A CRIMINAL CITATION?		
J. HAVE ANY OF YOUR RELATIVES EVER BEEN CONVICTED OR HELD IN ANY DETENTION FACILITY, JAIL OR PRISON?		
K. HAVE THE POLICE EVER BEEN CALLED TO YOUR HOME FOR ANY REASON?		

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, LIST THE INCIDENT BELOW AND MAKE CERTAIN YOU HAVE EXPLAINED THE INCIDENT ON BACK PAGE. BE SURE TO REFER TO THE QUESTIONS BY IT'S LETTER (A THRU K) WHEN EXPLAINING IT. ALL INCIDENTS MUST BE EXPLAINED.

QUESTION A THRU K	DATE	REASON / CHARGE	LAW ENFORCMENT AGENCY — CITY/STATE	DISPOSITION / SENTENCE

7. DRIVING HISTORY

HAVE YOU EVER HAD A DRIVER'S LICENSE? YES_____ NO_____

HAVE YOU EVER HAD A DRIVER'S LICENSE CANCELED, REFUSED, REVOKED OR SUSPENDED? YES_____ NO_____

IF YES, YOU MUST EXPLAIN, IN DETAIL, ON BACK PAGE THE REASON FOR THIS ACTION AND THE DATES.

ISSUE DATE	TYPE OF LICENSE	EXPIRATION DATE	STATE	LICENSE NUMBER

HAVE YOU EVER ATTENDED A DRIVER IMPROVEMENT SCHOOL? YES_____ NO_____

WHEN _____ WHERE? _____

7. DRIVING HISTORY (continued)

LIST EACH AND EVERY TRAFFIC CITATION, SUMMONS AND WRITTEN WARNING YOU HAVE EVER RECEIVED. LIST IN CHRONOLOGICAL ORDER, BEGINNING WITH THE MOST RECENT. IF YOU NEED ADDITIONAL SPACE, USE BACK PAGE.

MONTH / YEAR	VIOLATION	CITY / STATE	DISPOSITION / RESULT

HAVE YOU EVER BEEN CHARGED WITH DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? YES_____ NO_____

HAVE YOU EVER BEEN INVOLVED WITH AGGRAVATED, AGGRESSIVE OR RECKLESS DRIVING? YES_____ NO_____

8. USE OF LIQUOR AND NARCOTICS

A "YES" ANSWER TO THE QUESTIONS BELOW DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM APPLYING FOR THE MARANA POLICE EXPLORER PROGRAM. AN UNTRUTHFUL ANSWER WILL DISQUALIFY YOU.

HAVE YOU EVER CONSUMED ALCOHOLIC BEVERAGES? YES_____ NO_____

DO YOU NOW CONSUME ALCOHOLIC BEVERAGES? YES_____ NO_____

IF YES, WHEN WAS THE LAST TIME? _____

WHAT TYPE OF ALCOHOL DID YOU CONSUME?_____

HAVE YOU EVER TRIED OR USED ANY NARCOTIC OR DANGEROUS DRUG WITHOUT A DOCTOR'S PRESCRIPTION? YES____ NO____
IF YES, EXPLAIN ON BACK PAGE.

IF YOU HAVE TRIED, USED OR INJESTED ANY OF THE DRUGS LISTED BELOW, CHECK THE "YES" BOX. IF YOU HAVE NOT, CHECK THE "NO" BOX. INCLUDE THE NUMBER OF TIMES AND DATES.

TYPE	YES	NO	TOTAL # OF TIMES	DATE LAST USED	TYPE	YES	NO	TOTAL # OF TIMES	DATE LAST USED
MARIJUANA					COCAINE				
INHALANTS					HEROIN				
THAI STICKS					OPIUM				
BARBITURATES					INJECTABLE STEROIDS				
AMPHETAMINES (SPEED, ETC.)					ORAL STEROIDS				
HASHISH					HALLUCINOGENIC SUBSTANCES (LSD, PCP, MESCALINE, MUSHROOMS, ETC.				

IF YOU HAVE TRIED OR USED ANY OF THE DRUGS LISTED ABOVE, OR IF YOU HAVE TRIED OR USED A DRUG WITHOUT A DOCTOR'S PRESCRIPTION, EXPLAIN IT IN DETAIL ON BACK PAGE. YOU MUST INCLUDE THE DATES AND NUMBER OF TIMES USED.

9. ORGANIZATION MEMBERSHIP

ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ANTI-GOVERNMENT GROUP OR ORGANIZATION? (IF YES, EXPLAIN IN DETAIL BELOW.)

YES_____ NO_____

ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OR AFFILIATED WITH A GANG OR AN ORGANIZATION THAT ADVOCATES OR APPROVES IN THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TOWARD PEOPLE OR PROPERTY? (IF YES, EXPLAIN IN DETAIL BELOW.)

YES_____ NO_____

10. EXPLANATION SECTION

THIS SECTION IS TO BE USED TO CLARIFY OR EXPLAIN ANY PART OF THIS QUESTIONNAIRE. PLEASE INDICATE THE SECTION (SUCH AS *EMPLOYMENT HISTORY*) AND THE SPECIFIC QUESTIONS ANSWERED BY NUMBER.

SECTION NAME & QUESTION NUMBER	EXPLANATION

IF MORE SPACE IS NEEDED, ATTACHED ANOTHER SHEET OF PAPER TO THIS APPLICATION.

PLEASE READ THE FOLLOWING STATEMENTS AND SIGN PRIOR TO SUBMITTING THIS QUESTIONNAIRE.

I affirm that this questionnaire contains no misrepresentations or falsifications, omissions, or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this questionnaire are subject to later investigation. I am further aware that should any investigation disclose any misrepresentation, falsification, omission, or concealment or material fact, my application may be rejected and I will not be eligible to become an Explorer with the Marana Police Department. If I have already been accepted, I may be dismissed.

I authorize the Marana Police Department to make inquiry of employers and references listed on the questionnaire regarding my integrity, reputation and character.

I realize that it is necessary for the Marana Police Department to thoroughly investigate all aspects of my personal background and qualifications. By applying to be a volunteer with the Marana Police Explorer Post, I expressly waive all my legal rights and causes of action to the extent that the Marana Police Department investigation (for purposes of evaluating my suitability) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

The undersigned further agrees to hold harmless and release from liability, under any and all possible cause of action, the Town of Marana, the Marana Police Department, their officers, agents, and employees for any statements, acts or omissions in the course of the investigation into my background, family, personal habits and reputation, and my mental and physical health.

I also agree to participate in the Explorer activities if accepted into the Marana Police Explorer Post. I agree to exonerate and hold blameless the Chief of Police of the Town of Marana, it's officers, advisors, and Explorers in the event of any accident or injury which may occur as a result of my participating in the Exploring activities with this organization.

_____ _____

Signature of Applicant Date

If applicant is under the age of 18 years old, the parents or legal guardian must read and sign the following.

We, the parent / guardian or _____, have read the application for the Marana Police Explorer Post and do also agree with the above mentioned statements. I also agree to allow my son / daughter to participate in the Explorer activities if he / she is accepted into the Explorer Post. We also agree to exonerate and hold blameless the Chief of Police of the Town of Marana, it's officers, advisors, and Explorers in the event of any accident or injury which may occur as a result of his / her participation in the Exploring activities with this organization.

Parents or Guardian Signature: _____ Date: _____

_____ Date: _____