



Ballwin Police Department
Explorer Post #9220
300 Park Drive
Ballwin, MO 63011

Send any inquiries to Police Explorer Advisor
Police Officer Ryan Carr #255
rcarr@ballwin.mo.us



BALLWIN POLICE EXPLORER POST #9220
MEMBERSHIP APPLICATION

(Type or print legibly in black ink only)

(Add color photo to page 7)

Part of the selection process for probationary Explorer is this application. Be sure to answer all questions completely.
Use additional paper if you need to extend any answers.

Date: _____ / _____ / _____

Name: _____
Last First Middle

Address: _____
Number Street Apt. #

_____ City State Zip Code

Email Address: _____

Date of Birth: _____

Age: _____ Sex: _____

Social Security #: _____

Driver's License #: _____

State: _____ Type: _____

Phone: Home _____

Cellular _____

School: _____

School Address: _____ Phone: _____

Grade (circle one): Freshman Sophomore Junior Senior College GPA: _____

Did you graduate or obtain a G.E.D. or the equivalent of: Yes / No / NA

List any trouble or behavioral issues that occurred while in school: _____

Do you work? Yes No

If so, where? _____

Work Address: _____
Address Street City State Zip

Supervisor's Name: _____ Phone: _____

Do you drive a vehicle? Yes No

Kind of Vehicle: Color _____ Year _____ Make _____ Model _____ Body Style _____

License Plate Number: _____

List any traffic citations or suspensions: _____

Have you ever been convicted of or plead nolo contendere to a Misdemeanor? Yes No

If yes, please explain: _____

Have you ever been convicted of or plead nolo contendere to a Felony? Yes No

If yes, please explain: _____

Have you ever been convicted of a DUI? Yes No

If yes, please explain: _____

Have you ever been treated for drug or alcohol abuse? Yes No

If so, please explain: _____

Father's Name: _____ DOB: _____
Last First Middle

Address (If Different): _____
Address Street Zip

Contact Number: _____ Occupation: _____

Employer & Address: _____

Mother's Name: _____ DOB: _____
Last First Middle

Address (If Different): _____
Address Street Zip

Contact Number: _____ Occupation: _____

Employer & Address: _____

Step Parent or Guardian's Name: _____ DOB: _____
Last First Middle

Address (If Different): _____
Address Street Zip

Contact Number: _____ Occupation: _____

Employer & Address: _____

Sisters (Name & DOB) 1) _____
(Full Name) (DOB)

2) _____
(Full Name) (DOB)

Brother (Name & DOB) 1) _____
(Full Name) (DOB)

2) _____
(Full Name) (DOB)

Emergency Contact:

Name: _____

Address: _____

Phone: _____ Relation: _____

Have you been under the care of a physician in the past year? Yes No

If yes, please explain: _____

Do you have any physical impairments or needs that could hinder your participation in the program? Yes No

Examples: Walking or Marching, Standing for long periods of time, Physical Agility Course, etc.

If yes, please explain: _____

Allergies: _____

Blood type: _____

Physician's Name: _____ Phone: _____

Address: _____

Hospital Preference: _____

Why do you desire membership? _____

Are you able to donate at least one night per week for the meeting and at least one day per weekend (when needed) to the post? Yes No

Do you understand and agree to this requirement? Yes No

Do you plan a career in law enforcement? Yes No

Do you know or are you associated with anyone from this police department or employee of this city? Yes No

If so, please list: _____

Is any member of your family associated with law enforcement? Yes No

If yes, explain: _____

Have you ever been a member of this Explorer Post or any other? Yes No

If yes, give post name, number, when and phone number, also reason for leaving? _____

References

List name, address, and phone number of three adults who know you well. (Do not list relatives or teachers)

1) _____
(Name) (Address / zip) (Phone)

2) _____
(Name) (Address / zip) (Phone)

3) _____
(Name) (Address / zip) (Phone)

Comments: _____

STATEMENT OF UNDERSTANDING

I, _____, understand that any portion of this application is subject to examination by the Ballwin Police Department. The department has my permission to conduct any outside investigation or background check that it deems necessary. I acknowledge that all information contained herein and any information obtained will be the property of the Ballwin Police Department.

I also understand that falsification of this application will result in immediate rejection or dismissal. All of the information contained in this application is correct to the best of my knowledge.

(Applicant's signature)

(Date)

I have read and agree with the terms.

(Parent or Guardian signature)

(Date)

Attach color photo to this application.
(The photo will not be returned)

Place photo here

LIABILITY RELEASE

I/we as the legal parent/guardian of the male/female named below hereby do not hold liable the City of Ballwin, Ballwin Police Department, Ballwin Police Explorer Post #9220, and or any of their agents, employee's or civilian volunteers of any liability due to the male/female participating in any activities that the Ballwin Police Explorer Post #9220 may engage in, in the normal realm of its functions while at any activity or other social gatherings providing the utmost care is always considered and practiced by the supervisors of the aforementioned organizations.

MEDICAL CONSENT

In case of an emergency, I/we understand every effort will be made to contact me. In the event I can't be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my son or daughter.

I/we understand by signing this form that this will serve as a continuous understanding and agreement with the aforementioned organizations for as long as my son or daughter is an active member of the Ballwin Police Explorer Post #9220 .

Explorer's name: _____

(Parent/guardian signature)

(Date)

(Parent/guardian signature)

(Date)

APPLICATION FOR MEMBERSHIP

BALLWIN POLICE EXPLORER POST #9220

For Official Use Only

Advisors board meeting: _____ / ____ / ____ .
(Date)

Explorer application: Approved / Not Approved: _____ / ____ / ____ .
(Date)

D.S.N. assigned: E-_____.

Application reviewed by:

(Post Advisor) DSN

(Associate Advisor) DSN

(Associate Advisor) DS

Comments: _____

Requirement	Date Completed	Approving Advisor
Driver's License Check	_____	_____
Police Background Check	_____	_____
References Checked	_____	_____
Personal Interview	_____	_____
Payment of Fees	_____	_____
		Amount _____

Advisor who did background investigation: _____ DSN: _____
Date started investigation: ____ / ____ / _____ Date completed: ____ / ____ / _____

BE SURE THE LIABILITY / MEDICAL FORM IS ATTACHED TO THIS APPLICATION