



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

Send any inquiries to Police Explorer Advisor  
Police Officer Derek Loeffel #287  
[dloeffel@ballwin.mo.us](mailto:dloeffel@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: \_\_\_\_\_

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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: \_\_\_\_\_



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.

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(Applicant's signature)

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(Date)

I have read and agree with the terms.

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(Parent or Guardian signature)

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(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**