



BARSTOW POLICE DEPARTMENT

ANDREW ESPINOZA JR., CHIEF OF POLICE

220 E. Mountain View St., Suite B, Barstow, CA 92311-2889
(760) 255-5111 * Fax (760) 256-2215

Dear Applicant:

The Barstow Police Department Explorer Post is a uniformed organization chartered by the Learning for Life organization. It is comprised of young men and women ages 14 through 21 and their adult leaders.

The Explorer program is designed to give youth an opportunity to learn about the field of law enforcement by actually working with police officers and by attending training programs in law enforcement related subjects. The program also develops individual leadership skills while stressing the importance of teamwork and community service.

To be eligible for membership in the Post, the applicant must be between ages 14 (and in high school) and 21, maintain at least a 2.0 grade point average, have no serious criminal record and have a good reputation in the community.

Eligible applicants must successfully pass an oral interview and a background investigation before being selected for membership.

Once you have completed the attached application, please return it to the Barstow Police Department. An Explorer Advisor will contact you either by telephone or mail to inform you of the status of your application.

If you have any questions, please call Advisor Catherine Greig or Phillip Ragle at the Barstow Police Department at (760) 255-5136 or (760) 255-5111. Thank you for your interest.

**BARSTOW POLICE DEPARTMENT EXPLORER POST #364
APPLICATION FOR MEMBERSHIP**

(Please print in blue or black ink or type)

- 1. NAME: _____
- 2. ADDRESS: _____
- 3. CITY: _____ ZIP CODE: _____
- 4. PHONE #: _____ SOCIAL SECURITY #: _____
- 5. DATE OF BIRTH: _____ PLACE OF BIRTH: _____
- 6. AGE _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____
- 7. SCHOOL: _____ GRADE: _____
- 8. PRINCIPAL'S NAME: _____ G.P.A. _____
- 9. EXTRA CURRICULAR ACTIVITIES: _____

- 10. FATHER'S NAME: _____
- 11. FATHER'S ADDRESS: _____
- 12. FATHER'S EMPLOYER: _____
- 13. EMPLOYER ADDRESS: _____ PHONE# _____
- 14. MOTHER'S NAME: _____
- 15. MOTHER'S ADDRESS: _____
- 16. MOTHER'S EMPLOYER: _____
- 17. EMPLOYER ADDRESS: _____ PHONE#: _____
- 18. SIBLINGS NAMES & AGES: _____

- 19. NAME & RELATIONSHIP OF CLOSEST RELATIVE NOT LIVING WITH
YOU: _____
- 20. ADDRESS: _____ PHONE#: _____
- 21. YOUR FAMILY DOCTOR: _____
ADDRESS: _____ PHONE#: _____
- 22. HOSPITAL PREFERENCE: _____

23. DO YOU HAVE ANY RELATIVES IN LAW ENFORCEMENT? _____

IF YES, LIST NAME, AGENCY & POSITION: _____

26. HAVE YOU EVER BEEN ARRESTED? _____ YES _____ NO

27. HAVE YOU EVER RECEIVED A TRAFFIC CITATION? _____ YES _____ NO

28. HAVE YOU HAD ANY NEGATIVE CONTACT IN LAW ENFORCEMENT?

_____ YES _____ NO

29. IF YOU ANSWERED YES TO ANY OF THE ABOVE, EXPLAIN: _____

30. LIST A REFERENCE OTHER THAN A RELATIVE

NAME: _____

ADDRESS: _____

PHONE: _____

31. IF YOU ARE EMPLOYED, PLEASE PROVIDE THE FOLLOWING:

EMPLOYER'S NAME: _____

ADDRESS: _____

PHONE: _____

JOB TITLE: _____

32. DO YOU HAVE A DRIVER'S LICENSE? _____ YES _____ NO

33. IF YES, WHAT IS YOUR LICENCE NUMBER: _____

I, _____, understand that any portion of this form is subject to examination by the Barstow Police Department. I further acknowledge all the information contained will be used solely for the Explorer program and for no other purpose. All of the information contained in this application is true and correct to the best of my knowledge. I further understand that this application will become the property of the Barstow Police Department.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian if under 18 years old: _____