



**Ventura Police Explorer Program Application**  
**POST #9258**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_ City Ventura Zip Code \_\_\_\_\_  
Must live in Ventura

School Address \_\_\_\_\_ City Ventura Zip Code \_\_\_\_\_  
Must attend school in Ventura

Sex (circle one)  M  F Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_

Eye Color \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Driver's License \_\_\_\_\_

Vehicle Year/Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_  
If not applicable, enter N/A

Insurance Information \_\_\_\_\_  
If not applicable, enter N/A

Name of Father / Legal Guardian \_\_\_\_\_ Home Address \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Mother / Legal Guardian \_\_\_\_\_ Home Address \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**EMERGENCY INFORMATION**

In case of an emergency, please provide an emergency contact other than the parent or guardian(s) listed above

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_

Name of Physician \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Do you have any medical concerns? (Allergies, Medications, Special Needs, etc.) \_\_\_\_\_

**REFERENCES**

Please list two adult references who can comment on your suitability for our program. References can be teachers, counselors, sports coaches, employers, etc. Do not list other relatives.

Reference 1: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Title/Position \_\_\_\_\_

Reference 2: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Title/Position \_\_\_\_\_

**BACKGROUND INFORMATION**

Please answer all the following questions by checking the corresponding box. "Yes" answers alone may not cause your application to be rejected, however, any false statements or omissions of the truth will result in disqualification from the program.

Have you ever been arrested? Y  N  Have you ever received a ticket? Y  N

Have you ever been suspended from school? Y  N  Have you ever been involved in a physical fight with someone else? Y  N

Have you ever had the police called on you, or had a negative police contact? Y  N  Have you ever been a member of a gang, or associated with known gang members? Y  N

Have you ever been under the influence of alcohol? Y  N  Have you ever committed an act of vandalism? Y  N

Have you ever stolen anything? Y  N  Have you ever been the victim of a crime? Y  N

Have you ever used or possessed illegal drugs, including marijuana? Y  N  Have you been hospitalized in the past five years? Y  N

If you answered “yes” to any of the questions above, please explain in detail below. Include approximate dates, number of times you engaged in each activity, etc.

What is your current GPA?\_\_\_\_\_ **Please attach a copy of your last report card or transcript.**

Please tell us why you want to be part of the Ventura Police Explorer Program.

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**AUTHORIZE RELEASE**

I understand that any portion of this application is subject to examination by the Ventura Police Department, and/or the staff of the Ventura Explorer POST #9258. I acknowledge that all of the information contained herein will be used solely for the Explorer POST, and for no other purpose. I hereby attest that all of the information contained herein is, to the best of my knowledge, true and correct.

Please sign here \_\_\_\_\_ Date \_\_\_\_\_

## **ACKNOWLEDGEMENT**

I hereby acknowledge that if I am selected as a member of the Ventura Police Explorer POST #9258, my primary objective will be to study the field of Law Enforcement and its possibilities for career opportunities. I acknowledge that teamwork is a necessary ingredient for the success of the POST. I will strive to achieve the objective and ideals of the POST and dedicate myself to the support of good law enforcement. I will maintain myself, both physically and mentally as an asset to the Ventura Police Department and the community.

Acknowledgement  
of the applicant: \_\_\_\_\_ Date \_\_\_\_\_

Acknowledgement  
of the applicant's  
parent or guardian: \_\_\_\_\_ Date \_\_\_\_\_

