



MPD Law Enforcement Explorer Volunteer Application

Your full name: _____ DOB: _____
(Last) (First) (Middle)

Current Address: _____ Minneapolis MN _____
(Street Address) (Apt. #) (City) (State) (Zipcode)

How long at this address? _____ Home Phone: _____ Cell Phone: _____

Please list the names of the people with whom you reside.

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

Where do you attend school? _____ Grade: _____ School hours: _____ GPA _____

Important: Attach most recent report card or grade transcripts.

Do you have any physical or mental disabilities or health concerns? YES NO

If yes, please explain: _____

Present employer: _____

Company address: _____

How long?: _____ Duties: _____ Hours: _____

List other extra-curricular activities and general schedule of activities:

Have you ever been a member of an Explorer Post? YES NO If so, name and Post number: _____

Are you considering a law enforcement career? YES NO If no, what career area(s) are you considering?

I certify that all the statements by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false information on this application may be cause for rejection of dismissal if selected.

Applicant signature: _____ Date: _____

Participants under the age of 18 must have parent/guardian permission for participation.

My child has my permission to participate in the MPD Explorer Post 943. The Minneapolis Police Department may conduct a background investigation on my son/daughter for this purpose.

Parent/Guardian Signature: _____ Date: _____



MEMBERSHIP FORM

Enrolling members must be between the ages of 5 – 18 and live in the City of Minneapolis

Please submit proof of date of birth (required) with this form

Last Name (please print)	First Name	Male Female	Date of Birth
Address	Apt. #	Minneapolis MN	
Zip Code			
Parent/Guardian Name(s)			
Home Telephone Number	Work or Cell Phone Number		
School	Personal E-mail Address		
Black/African American	SE Asian	Latino/Hispanic	Somali
White/Caucasian	Native American	Mixed Race	Other: _____
Ethnicity (<i>this information helps PAL receive funding</i>)			
Emergency Contact	Relationship to PAL Member		
Emergency Contact Phone #	Emergency Contact Work or Cell Phone #		
Member T-Shirt (adult sizes): Small Medium Large XL			

I have read and understand the PAL Code of Conduct & Permission to Use Likeness (on reverse side of form) and I agree to adhere to these rules:

Member Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Mail form to: Minneapolis Police Athletic League
 1025 Broadway Street NE, Suite 45, Minneapolis MN 55413
 Phone (612) 627-5104 Fax (612) 627-5184

For Office Use Only
 Membership Number _____ Date Entered _____ Entered by _____

PAL CODE OF CONDUCT

- PAL members are drug, alcohol and tobacco free.
- Appropriate conduct is to be displayed at all times during PAL activities. Inappropriate conduct may result in suspension or cancellation of membership.
- Members will attend school on a regular basis.
- Members must attend practices in order to participate in games.
- Members must notify PAL staff or coaches if they are unable to attend an activity, camp, practice or game.
- PAL members will participate in at least 8 hours of community service each year.

PERMISSION TO USE LIKENESS

Membership in PAL constitutes permission to use the name, likeness or any other identification, including school records of the member for publicity, evaluation, instruction or any other purposes in connection with the program, at any time, without compensation to or right of prior review or approval by the member and/or his/her parent/guardian.

Please submit proof of date of birth (required) with this form!



Explorer Background Tracker/Minor Release Form

TO: MPD Background Unit
FROM: MPD/PAL

Type or print eligibly and answer all questions in their entirety. If the question does not apply, mark "N/A."
Failure to complete all questions legibly could result in rejection of your application.

Position Title and Department: Minneapolis Law Enforcement Explorer Volunteer

Applicant's Complete Name: _____ DOB: _____

Any other names you have ever been known by or used during your lifetime: _____

Current Address: _____

Previous Address: _____

Social Security Number: _____

Have you EVER had a Minnesota Driver's License or ID Card? YES NO If so, ID number: _____

MN Driver's License status: VALID PERMIT ONLY SUSPENDED REVOKED

List any other state in which you have lived, worked our had a state issued license or I.D. card: _____

Have you ever been arrested? YES NO Have you ever been a suspect in a crime? YES NO

Have you been a victim of a crime? YES NO Have you ever been a witness to a crime? YES NO

Have you every received a traffic citation? YES NO Have you ever received a criminal citation? YES NO

Have you ever received a petty misdemeanor citation? YES NO Have you ever made a police report in regards to yourself or someone else, or been questioned by police for any reason at any time? YES NO

If you have answered yes to ANY of the above, please give detailed information regarding the incident on the back of this sheet.

As the minor's legal guardian, I _____ give permission to the Minneapolis Police Department to complete a background investigation of my son/daughter _____ for a Police Explorer position. I understand the Minor Release Form will be used for accessing juvenile records and information for the purpose of compliance with Minneapolis Police Department and Explorer Post rules and regulations.

Parent Signature: _____ Date: _____

Minor Signature: _____ Date: _____