



# DAKOTA COUNTY SHERIFF'S OFFICE



## EXPLORER POST 523 APPLICATION

**NEW APPLICANT** \_\_\_\_\_

**READMITANT APPLICANT** \_\_\_\_\_

**FEE** \_\_\_\_\_

**INSTRUCTIONS:** Fill out this form completely and accurately. All statements are subject to verification. Inaccurate information or failure to answer all questions is grounds for removal from the program. Answers must be printed or typed. If more room is needed, please use an additional sheet of paper.

### PERSONAL HISTORY:

Name \_\_\_\_\_  
(last) (first) (middle)

Address \_\_\_\_\_  
(number) (street) (city) (zip)

Contact Numbers \_\_\_\_\_  
(home) (cell)

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Shirt Size \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Are you attending school? Yes No Name of school \_\_\_\_\_

Grade \_\_\_\_\_ GPA \_\_\_\_\_ Major (if applicable) \_\_\_\_\_

Do you have a valid driver's license? Yes No If yes, what is the number \_\_\_\_\_

Do you own a vehicle? Yes No  
If not, do you have access to a vehicle? Yes No

Have you ever received a traffic citation? Yes No If yes, explain details and the outcome.

Have you ever been the subject of a police investigation? Yes No



How did you hear about our program?

Why do you want to become a Dakota County Sheriff Explorer?

Please list 2 references (not family members) that we may contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

**If you have any questions or concerns regarding this application please send email to:**  
[Dawanna.Witt@co.dakota.mn.us](mailto:Dawanna.Witt@co.dakota.mn.us)

**RETURN THIS FORM TO:**  
Dakota County Sheriff's Office  
Attn: Deputy Dawanna Witt – Explorer Advisor  
1580 Hwy 55  
Hastings, MN. 55033