

*DAKOTA COUNTY SHERIFF'S
LAW ENFORCEMENT EXPLORER
POST 9523*



Application

Name: _____ Date: _____

Check One: _____ **New Applicant**
_____ **Renewal**

The Dakota County Sheriff's Office partners with Learning for Life, a non-profit organization dedicated to introducing adolescents and young adults to Law Enforcement and Criminal Justice careers. It is an educational training program that provides career orientation and life experiences.

The program brings the Explorers into direct contact with law enforcement on a one-to-one basis through meetings, community engagement functions, competitions, and the ride-along program.


DCSO Explorers are trained by Dakota County deputies/advisors in law enforcement techniques, community policing, community engagement, and first aid, amongst other skills. The skill sets learned are applied in local, state, and national competitions.

Law Enforcement Exploring is a well-established and highly respected program that has served as a platform from which countless young adults have launched successful careers with local, county, state, and federal law enforcement agencies.

Through the Dakota County Sheriff's Explorer Program Explorers will:

- Gain an understanding of the law enforcement profession;
- Strengthen ties between law enforcement and community;
- Improve communication, leadership, decision making, and problem solving skills;
- Learn responsibility to self and others through leadership opportunities;
- Volunteer in the community;
- Learn and apply the benefits of teamwork; and
- Build life-long relationships.

Requirements for DCSO Explorer Program:

- Complete the eighth grade;
- Be 14 to 20 years of age;
-  Submit an application;
- Pass a background check;
- Maintain a "C" average or better; and
- Pass a six-month probationary period.

Questions about our program can be directed to:

Captain Dawanna Witt
Dawanna.Witt@co.dakota.mn.us
651-438-4752

Please fill out this application using a black pen or a typewriter. If a question does not apply to you (such as driver's license information), please place "N/A" in the appropriate space. If any portion of this application is incomplete, your application will not be considered.

PERSONAL INFORMATION

Name: _____
Last First Middle

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Address: _____
Street City State Zip

Phone: (H) _____ (C) _____

Email: _____

School: _____ Phone: _____

Grade: _____ GPA: _____ Field of Study: _____

PARENT(S)/GUARDIAN INFORMATION:

Mother's name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____
Home Cell Email address

Father's name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____
Home Cell email address

List the full name and birthdates of siblings and other persons that live at your home:

_____	_____	_____
Name	DOB	Relationship
_____	_____	_____
Name	DOB	Relationship
_____	_____	_____
Name	DOB	Relationship
_____	_____	_____
Name	DOB	Relationship
_____	_____	_____
Name	DOB	Relationship

Drivers License Information: (Instructors permit also applies here)

State: _____ Number: _____

List tickets that you received within the last three years:

City	Charge	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all accidents within the last three years:

City	Date
_____	_____
_____	_____
_____	_____

Have you ever been charged **OR** convicted of ANY crime? YES NO
If yes give detail to the above question. Use additional paper if needed.

List any police contacts that you have had in the past three years:

Work Experience:

Name	Date of employment	Supervisor	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Sports/Extra Curricular Activities:

Personal References:

Please list people you have known for at least three years

Peers

Name	Years Known	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Adults

Release:

The information provided in this application is true to the best of my knowledge. I authorize a representative of the Dakota County Sheriff's Office to contact any of the people I have listed to verify my application to the Dakota County Sheriff's Office Explorer Post. This release is valid for one year from the dated signature.

Write name

Parents name

Applicants Signature

Parents Signature
(If under the age of 18)

Date

Date

RETURN APPLICATION BY MAIL OR EMAIL:

Mail

Captain Dawanna Witt
Dakota County Sheriff's Office
1580 Highway 55
Hastings, MN 55033

Email

Dawanna.Witt@co.dakota.mn.us