



Explorer's Academy Application

Helena Police Department
406 Fuller Ave
Helena, MT 59601

Coordinator Erin Fitzpatrick
efitzpatrick@helenamt.gov

Name: _____
Last First Middle

Address: _____
Number Street Apt. # City State Zip

Date of Birth: _____ Social Security Number: _____

School: _____ Grade: _____ GPA: _____

Student Phone: _____

Other names, if any, used on employment or education records: _____

Shirt Size: ___ XSmall ___ Small ___ Medium ___ Large ___ XLarge

Explorers must have reliable transportation. Most classes will take place at the Helena Police Department; however, there will be occasions where activities will be at alternate locations.

_____ Yes, I have reliable transportation.

_____ I don't have transportation, and this is the only thing preventing me from being an Explorer.

Acknowledgement:

- For the purpose of in-house security, I consent to a criminal history check and background investigation prior to being a participant in a Helena Police Department program.
- I certify that the forgoing answers, and all supplement documents, are correct and that false information may result in denial and/or dismissal. If offered to participate in the Explorer program, I will abide by the City of Helena's Policies, Practices, and Procedures as well as adhere to the Helena Police Department's high ethical, moral, and professional standards as set forth by the department.
- The City of Helena Police Department reserves the right to refuse services based on objective criteria other than the following: gender, race, religion, sexual orientation, and familial status.

Student Signature: _____ Date: _____

Parent Name: _____ Parent Phone Number: _____

Parent Signature (if student is under 18): _____

Office Use Only:

Rec'd: _____ III/CS: _____ Badge: _____