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United States Park Police

Explorer Post #1791

Pre-Admission Form

Nature of Work

The Explorer program provides training and experience in law enforcement. Explorers will learn about law, court procedures, police patrol techniques, leadership and organizational skills. Included in their training, Explorers will be offered the opportunity to observe our Emergency Communication Center and eligible Explorers (16 years or older) can participate in our ride-along program. Explorers 16 years or older may be able to participate in the Federal STEP (Student Temporary Employment Program) and SCEP (Student Career Employment Program) which will provide paid summer employment as a civilian within the United States Park Police. The SCEP program may assist in permanent full time employment with the United States Park Police after graduation from college. Explorers must uphold high standards of paramilitary discipline, respect, honor and dedication to excellence in all areas of their lives.

Requirements:

How to Apply:

To participate in the Explorers Program, all candidates should have a career interest in law enforcement, the criminal justice system and/or a community service related field. In addition, all candidates must:

- Be at least 14 years of age (entering 9th grade), thru 20 years of age
- Be a United States Citizen or lawful resident alien
- Have proof of active enrollment in school and maintain a 2.0 or higher GPA, no failing grades and no more than 4 unexcused absences from school while in the program
- Be drug free, including tobacco and alcohol
- Have good moral character as determined by a background check, and must not have a criminal or gang affiliation or involvement
- Provide a copy of his/her birth certificate, photo ID (drivers license if applicable)
- Give a 100% commitment to attend mandatory meetings and assigned activities (at least two meetings a month)

1100 Ohio Dr SW

• Have 100% support from parents/guardians

Please forward completed applications to:	Washington, DC 20020 Attn: Officer Lelani Woods
** You must attach a current unofficial school's	s transcript and/or latest report card to be considered.
Are you related to anyone currently or formerly em	ployed by the United States Park Police?
Y/N If Yes, Whom?	
How did you hear about this program?	
From whom?	

Questions: Contact Officer Lelani Woods at # 202-907-1926, and/or Sergeant Allan Griffith # 202-713-1144 www.nps.gov/uspp/Exploring1791.htm

United States Park Police Explorer Program

United States Park Police Explorer

Please Print or	Type Clearly. Do not l	eave any field blank. Er	nter "n/a" if not applicable.	
Position Applying For: Explore			Date of Application:	
Last Name:	First Name:		Middle Name:	
Mailing Address:	City, State:		Zip Code:	
Date of Birth:	Sex:		Race:	
Home Phone Number:	Cell/Pager Nu	umber:	E-mail Address:	
School:	Grade:		Grade Point Average:	
Parent/Guardian				
Father/ Male Guardian's Name		Home Address:		
Home Phone:		Work Phone:		
Cell phone or Pager:		Additional contact/e-m		
Mother/Female Guardian's Name	an's Name		Home Address:	
Home Phone:		Work Phone:		
Cell phone or Pager:		Additional contact/e-mail:		
Emergency (Contact Information	n: other than your p	arent/guardian.	
First Contact's Name		Relationship		
First Contact's Phone N	umber		Contact's Address	
Second Contact's Name		Relationship		
Second Contact's Phone Number		Contact's Address		
best of my knowledge. I understated falsification, or misrepresentation for consideration or dismissal from free workplace and all Explorers in I understand that this application is	ind that all informis sufficient cause in the Post. I also unust be drug-free. Is the property of the test that I understand	hation is subject to e for rejection of the understand that the he United States Pa and and meet all o	oplication is true and complete to the investigation and that an omission, his application, removal of my name United States Park Police is a drug-ark Police and information contained of the minimum requirements of the	
Print/Type Applicants Full Name Signature Date Print/Typ		Print/Type Parent/0	Guardian Full Name Signature Date	