



EXPLORER PROGRAM OVERVIEW

We are excited to offer local youth ages 15 to 20 the opportunity to explore a career in law enforcement through hands-on experience and training. This program is designed to provide participants with an understanding of the police profession while helping them develop important life skills such as leadership, responsibility, and teamwork.

As an Explorer, you will have the opportunity to work alongside Klamath Falls Police Officers, engage in a variety of community service projects, and participate in ride-alongs to gain firsthand insight into the daily operations of law enforcement. You'll also have access to specialized training in areas such as criminal law, traffic enforcement, crime scene investigations, and more.

The Explorer Program is a valuable steppingstone for those interested in pursuing a career in law enforcement, as it offers a unique blend of education, mentorship, and hands-on experience. We encourage you to carefully review the application materials and consider how you can contribute to the Klamath Falls Police Department while growing personally and professionally through this exceptional program.

Thank you for your interest, and we look forward to reviewing your application!

Klamath Falls Police Department
Program Coordinator: Officer Zachary Fuller
Email: zfuller@klamathfalls.city

SECTION 1-Personal Information

Name (Last, First, Middle): _____
Date of Birth: _____ Social Security Number: _____
Home Address: _____ City: _____
State: _____ Zip Code: _____ Home Phone: _____ Cell Phone: _____
Email Address: _____ Driver License: _____
Age: _____ Sex: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
Current School: _____ Phone: _____
Grade: _____ Counselor or Teacher: _____
Employer: _____ Phone: _____

SECTION 2-Parent/Guardian Information

Mother's Information

Name (Last, First, Middle): _____
Date of Birth: _____ Social Security Number: _____
Mother's Home Address: _____
City: _____ State: _____ Zip Code: _____ Home Phone: _____
Work: _____ Cell: _____
Email Address: _____

Father's Information

Name (Last, First, Middle): _____
Date of Birth: _____ Social Security Number: _____
Father's Home Address: _____
City: _____ State: _____ Zip Code: _____ Home Phone: _____
Work: _____ Cell: _____
Email Address: _____

Guardian's Information

Name (Last, First, Middle): _____
Date of Birth: _____ Social Security Number: _____
Guardian's Home Address: _____
City: _____ State: _____ Zip Code: _____ Home Phone: _____
Work: _____ Cell: _____
Email Address: _____

SECTION 3-Emergency Contact Information

(Relative or close friend/neighbor not listed above)

Emergency Contact

Name: _____

Relationship: _____

Home Phone: _____ Work: _____

Cell: _____ Email Address: _____

Emergency Contact

Name: _____

Relationship: _____

Home Phone: _____ Work: _____

Cell: _____ Email Address: _____

Emergency Contact

Name: _____

Relationship: _____

Home Phone: _____ Work: _____

Cell: _____ Email Address: _____

SECTION 4-Medical Information

Physician's name: _____ Office phone number: _____

List any physical limitations:

List any medications you currently take, purpose, and frequency for using them:

List any allergies: (Food, Medications, Insects, Plants, etc.)

List any other information or concerns the Explorer staff need to know:

SECTION 5-Personal Information (Check yes or no)

Have you ever been arrested? YES or NO

Have you ever received a citation? YES or NO

Have you ever used or experimented with alcohol or any drugs including marijuana? YES or NO

If you answered yes to any of the above, explain in detail:

SECTION 6-Personal References (Names of teachers, coaches, neighbors and friends, etc.)

Name (Last, First, Middle): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work: _____

Cell: _____ Email Address: _____

SECTION 8 – EMPLOYMENT

Current or most recent employer: _____

Address: _____

Position: _____ Date Hired: _____ Date Left: _____

Reason for leaving: _____

Supervisor Name: _____ May we contact this employer? YES or NO

Previous employer: _____

Address: _____

Position: _____ Date Hired: _____ Date Left: _____

Reason for leaving: _____

Supervisor Name: _____ May we contact this employer? YES or NO

Previous employer: _____

Address: _____

Position: _____ Date Hired: _____ Date Left: _____

Reason for leaving: _____

Supervisor Name: _____ May we contact this employer? YES or NO

SECTION 9 – EDUCATION AND TRAINING

Name of High School: _____

Address: _____

Diploma or GED: _____ Date Completed: _____

Name of College or University: _____

Address: _____

Diploma, Degree, Certificate or Credit Hours: _____

Major area of study: _____

Date Completed: _____

Other training, experience or special skills:

Description:
