



HELENA POLICE DEPARTMENT
EXPLORERS ACADEMY APPLICATION

406 Fuller Ave
Helena, MT 59601

Officer Scott Finnicum
sfinnicum@helenamt.gov

Name: Last First Middle

Address: Number Street Apt. # City State Zip

Student Phone: Student Email:

Date of Birth: Social Security Number:

School: GPA:

Please list other names, if any, used on employment or education records:

List you current or previous experience with organizations, civic groups, volunteer experience, and clubs:

Shirt Size: 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.
- 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 Signature (if student is under 18):

Parent Email: Parent Phone:

School Resource Officer Signature: Badge: