

Coolidge Police Explorer Application

Name of applicant: _____

I. Personal Data

Last Name		First Name		Middle Name	
Date of Birth:		Social Security Number		Home Phone Number	
Current Address (Street & Number)					
Mailing Address (if different then above)					
City:		State:	Zip Code:	Nickname or alias (any other name used)	
		AZ			
Cell Number:		Other Number:		Email address:	

Starting with your current address, list all the mailing address you have lived for the past 10 years:

Dates		Street Address	City	State	Zip
From	To				

II. Education

Junior High School
 High School
 G.E.D. Certificate
 Attending College

Name of school your attending: _____ Grade Level: _____

List any schools you have attended in chronological order				
Dates	School Name	City	State	Grade/Level

Coolidge Police Explorer Application

Name of applicant: _____

III. References

List (3) references (not relatives or former employers) who are responsible adults who have known you well during the past three (3) years

Name	Address	Phone	Occupation	Yrs. known

IV. Employment History

Are you currently working? yes no Have you been dismissed or fired from a job? yes no

Beginning with your most recent employer, list all places you have worked during the last 3 years. Use the back if you need more room

Month & Year From To	Employer	Job Title	Reason for leaving

V. Police Contact

The following information pertains to your contact with law enforcement in general. Explain all "Yes" answers on the back side of this page. Include dates and the outcome of any listed contacts. Do not include Public Relations type contacts, for example, meeting the DARE Officer at your school would not be considered a police contact.

- | | |
|--|---|
| A. Have you ever been Questioned by the police concerning a crime? | A. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. Have you ever been warned about anything by a Police Officer? | B. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. Have you ever been detained by a Police Officer for any reason? | C. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. Have you ever been accused of a crime by any official? | D. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E. Have you ever been charged with a criminal offense? | E. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| F. Have the Police ever been called to your home for any reason? | F. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| G. Have you ever been convicted of a crime? | G. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| H. Have you ever been issued a traffic citation or any other ticket? | H. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I. Is there any criminal activity in your background that might prevent you from becoming a Police Explorer? | I. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| J. Have you ever been suspended from school for fighting or other disorderly conduct? | J. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| K. Has school security ever detained you for any reason? | K. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| L. Have you ever been suspended from school for any reason? | L. <input type="checkbox"/> Yes <input type="checkbox"/> No |

Name of applicant: _____

VI. Driving History

Explain any answers on back side

- A. Do you currently possess a valid drivers license? A. Yes No
If yes,
Driver's License Number: _____ State: _____
- B. Has your driver's license ever been suspended or revoked? B. Yes No
C. Have you ever had your driver's license refused by the state? C. Yes No
D. Has your parents ever taken your driver's license away? D. Yes No
E. Have you ever been in a traffic accident where you were a driver? E. Yes No

VII. Gambling History

Explain any answers on back side

- A. Do you now, or have you ever had any gambling debts? A. Yes No
B. Have you ever used someone else's money to gamble with? B. Yes No
C. Have you ever worked for a gambling operation or booked any bets? C. Yes No
D. Would you say that you have a problem with gambling? D. Yes No

VIII. Liquor History

Explain any answers on back side

- A. Have you ever drank any type of alcoholic beverage (beer, wine, liquor) to any degree? A. Yes No
B. Have you ever consumed more than a taste of alcohol at one time? B. Yes No
C. Have you ever drank alcohol for recreational purposes, to feel light headed or get drunk? C. Yes No
D. Have you ever been caught drinking by your parents or other adults? D. Yes No
E. Do you currently drink on a regular basis? E. Yes No
F. Would you say that you have a drinking problem? F. Yes No

IX. Drug Use History

Explain any answers on back side of this page. This section does not refer to drugs prescribed to you by a doctor or administered for medical reasons

- A. Do you currently smoke cigarettes or chew tobacco? A. Yes No
B. Have you ever been caught smoking cigarettes or chewing in school? B. Yes No
C. Do you currently smoke marijuana on a regular basis? C. Yes No
D. Have you ever tried marijuana? D. Yes No
E. Have you ever taken a drug for recreational use? E. Yes No
F. Have you ever tried steroids (other than prescribed to you)? F. Yes No
G. Have you ever tried amphetamines (speed, etc.)? G. Yes No
H. Have you ever tried cocaine? H. Yes No
I. Have you ever tried opium or it's derivatives (heroin, morphine, etc.)? I. Yes No
J. Have you ever tried any hallucinogenic drug (LSD, PCP, etc)? J. Yes No
K. Would you say that you have a drug problem? K. Yes No
L. Have you ever taken any drug for the sole purpose of getting "high"? L. Yes No
M. Have you ever sold any form of drugs including marijuana? M. Yes No
N. Are there illegal drugs currently being stored in your home (by you or anyone else)? N. Yes No

X. Organizational Memberships

Explain any answers on back side

- A. Have you ever been a member of a "street gang"? A. Yes No
B. Are you currently a member of a gang? B. Yes No
C. Are you now or have you ever been a member of a group who committed crimes? C. Yes No
D. Do you hold citizenship in any other country besides the United States? D. Yes No
E. Are you now, or have you ever been a member of the Communist party or similar group? E. Yes No
F. Are you now or have you ever been a member of a "hate" group? F. Yes No
G. Have you ever participated in a strike, picket line or protest? G. Yes No

Coolidge Police Explorer Application

Name of applicant: _____

XI. Family History

Do you live with your parents? [] Yes [] No

Parents or Guardian's name that you live with: Work/Cell Number:
Briefly explain their relationship to you (Mother, Father, Grandparents, ect.)

Parents or Guardian's name that you live with: Work/Cell Number:
Briefly explain their relationship to you (Mother, Father, Grandparents, ect.)

Number of older brothers: _____ Younger brothers: _____

Number of older sisters: _____ Younger sisters: _____

Parents or Guardian's name that you do not currently live with but may visit or have contact with Work/Cell Number:

Are there any members of your family who are employed full time in law enforcement, if so, who and where?

XII. General Information

How did you hear of the Explorer program?

Can you type? If so approximately how many words a minute? _____

Do you have basic computer skills? [] Yes [] No

Do you plan on becoming a Police Officer or entering into a related field? [] Yes [] No

Will you be able to make it to meetings on a regular basis? [] Yes [] No

Will you be able to go to work details during weekday evening hours? [] Yes [] No

Will you be able to go to work details on Saturdays during the day and evening? [] Yes [] No

Do you have any physical disabilities that may prevent you from participating in some activities? [] Yes [] No

Do you have any medical condition that may prevent you from participating in some activities? [] Yes [] No

Do you have any religious beliefs that may prevent you from participating in some activities? [] Yes [] No

Is there any reason that you could not fire a gun at a practice target if properly trained? [] Yes [] No

Have you been completely truthful in your answers on this application? [] Yes [] No

Do you have any problems following directions or accepting orders from others? [] Yes [] No

Are you willing to accept orders from other Explorers, including those younger than yourself? [] Yes [] No

Are there any answers to the questions above that you would like to explain? [] Yes [] No

Are there any answers to the questions above that you would like to explain?

Name of applicant: _____

XIII. Personal Health and Medical Information

This medical information will not be used as determining factor for hiring, it is merely for file purposes

If parent pr guardian is NOT available in the event of an Emergency, Notify

Name: _____ Relationship: _____

Address: _____

City: _____ Phone #: _____

Other Phone/Contact #: _____

Name: _____ Relationship: _____

Address: _____

City: _____ Phone #: _____

Other Phone/Contact #: _____

Name of personal Physician: _____

Health / Accident Insurance Carrier: _____

Policy Number: _____ Phone #: _____

-Medical Release-

In case of Emergency, I understand every effort will be made to contact me. In the event, I cannot be reached, I hereby give permission to the Physician selected by the adult leader in charge to secure proper treatment which may include, hospitalization, anesthesia, surgery, or injection of medication **for** my son / daughter.

Date: _____ Parent's Signature: _____

Signature required if applicant is under 18 yrs

Medical Information past or present (please check)

- | | | | | | |
|-------------|------------------------------|-----------------------------|---------------------|------------------------------|-----------------------------|
| Asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Heart Disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Allergies | <input type="checkbox"/> Yes | <input type="checkbox"/> No | High Blood Pressure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Convulsions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Leukemia | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cancer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hemophilia | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Seizure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Explanations: _____

- | | | | | | | |
|------------|-----------|------------------------------|-----------------------------|---------------|------------------------------|-----------------------------|
| Allergies: | Food | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Plants | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Medicines | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Insects Bites | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Explanations: _____

Physical Restrictions

Any reason to restrict full activity including swimming, long hikes, backpacks, strenuous physical games? Yes No

List any conditions limiting full participation (Physical or Emotional):

Coolidge Police Explorer Application

Name of applicant: _____

Medications

Any reasons for medication to be taken? Yes No

List medicines, send ample supplies and directions for use when outings: (use back of form if necessary)

Special Restrictions

Any special equipment such as orthopedic, handicap devices, glasses or contacts? Yes No

What? _____

Medical Explanations

Explain any YES answers and give all information needed to provide as safe and as full participation as possible.

Immunization Records

Date of last inoculation

Tetanus Taxoid	_____
Diphtheria	_____
Polio	_____
Mumps	_____
Measles	_____
Rubella	_____

To the best of my knowledge the above information is true and accurate.

Date: _____

Parent's Signature: _____

Date: _____

Applicant's Signature: _____

Name of applicant: _____

XIV. Release of Information and Liability

I affirm that this questionnaire contains no misrepresentations or falsifications, omissions, or concealment of material facts, and that information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this questionnaire are subject to later investigation. I am further aware that should any investigation disclose misrepresentation, falsification, omission or concealment of material fact, my application may be rejected and my name removed from the eligible lists. If already appointed, I may be dismissed.

I authorize the Coolidge, Arizona Police Department to make inquiry of employers, schools and references listed on the questionnaire regarding my integrity, reputation and character.

I realize that it is necessary for the Coolidge, Arizona Police Department to thoroughly investigate all aspects of my personal background and qualifications, and by applying to be a volunteer with the Department, I expressly waive all my legal rights and causes of action to the extent that the Coolidge, Arizona Police Department investigation (for purposes of evaluating my suitability or application for employment) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

The undersigned further agrees to hold harmless and release from liability under any and all possible causes of legal action the City of Coolidge, Arizona Police Department, their officers, agents, and employees for any statements, acts, or omissions in the course of the investigation into my background, family, personal habits and reputation, and my mental and physical health in the event I am given a conditional offer of employment.

Signature of Applicant

Date

(If applicant is under the age of 18 years old, the parents or legal guardian must complete the following)

We, the parents/guardian of _____, have read the application for the Coolidge Police Department Explorer Post and do also agree with the above-mentioned statements. I also agree to allow my son/daughter to participate in Explorer activities if he or she is accepted into the Explorer Post. We also agree to exonerate and hold blameless the Chief of Police of the City of Coolidge, its officers, advisors, and Explorers in the event of any accident or injury that may occur as a result of his/her participation in Exploring activities with this organization.

Parents or Guardian Signature:

Date: _____

Police employee signature:

Employee Badge Number:

Date: _____

	Coolidge Police Explorers
	XV. Annual Waiver of Liability
_____ Year of Waiver	This form is the annual waiver of liability form for all Coolidge Police Explorers. Every Explorer must complete this form prior to the 15th of January each year in order to remain active in the Explorer program.

Coolidge Police Explorer Application

Name of applicant: _____

<u>Explorer Information</u>		
Name: _____		
First	Middle	Last
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Social Security Number: _____ DOB: _____		
Home Address: _____		
Telephone Number: _____ Other Number: _____		

<u>Parent Information</u>		
<small>(To be completed if Explorer is under 18 years of age)</small>		
Name: _____		
First	Middle	Last
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (explain on back)		
Home Address: _____		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Social Security Number: _____ DOB: _____		
Emergency Phone #: _____ Other: _____		

<u>Waiver of Liability</u>	
<p>In consideration of my being permitted to ride in the motor vehicles of the City of Coolidge, Coolidge Police Department or observe law enforcement activities, I hereby release and agree to hold harmless the said City of Coolidge, it's employees and agents from any and all liability for any damage or injury which I may receive while accompanying City of Coolidge personnel from any cause whatsoever. This release of liability and agreement given by me to said City of Coolidge, its employees and agents shall apply to any right of action that might accrue to myself, my heirs, and my personal representatives. Further, if riding in the said City of Coolidge Police Department vehicles and in accompanying it's officers or participating in general Explorer activities, I am fully aware personal danger may be involved.</p>	
Date: _____	Explorer's Signature: _____ <small>(to be signed in the presence of a department employee)</small>
Witness: _____ <small>(Police Department employee)</small>	Emp / Badge #: _____

<u>Parents Signature</u>	
<small>(to be completed if Explorer is under 18 years of age)</small>	
<p>I, the parent, guardian, or legal custodian of the above minor do hereby consent to the above waiver and agree to the terms stated above.</p>	
Date: _____	Parent's Signature: _____
Witness: _____ <small>(Police Department employee)</small>	Emp / Badge #: _____

Name of applicant: _____

XVI. Any other information that you need to add or that you feel would be important to this application?

Instructions:

There are several places to sign on this application. Make sure that each spot is properly signed. If the application calls for it, please ensure that the signature is made in front of a Coolidge Police Department employee.

You may turn in this application upon your third meeting. Please attach the following items to this application:

1. Check or money order or cash in the amount of \$20.00 for dues.
 (Checks should be made out to: "The Coolidge Police Explorers"). *Fees are non-refundable.*
2. A copy of your most recent report card. If school is out for the summer, a copy of your last semester report card will do. If you are not currently enrolled in school, please indicate above.
3. A photocopy of your driver's license (if applicable).
4. A photocopy of any certificates, awards or documents that may be applicable.
5. A Boy Scouts of America Application (Available from the Explorer Staff).
6. A photocopy of your birth certificate or other proof of age.

You may turn in the entire application during any general Explorer meeting on the first or third Tuesday of every month. Questions should be addressed to (520) 723-5311

DO NOT WRITE IN THIS BOX

3/5 check _____	School Records Check: _____
10-27-29 check _____	Attendance Check: _____
Advisor Approval: _____	Commanders Approval: _____
Other: _____	
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Deny- Reason _____	

Name of applicant: _____

**XVII. Coolidge Police Explorer
Oath of Office**

Name of Explorer: _____

Date of Oath: _____

As a law enforcement Explorer, my fundamental duty is to serve mankind. As a Law Enforcement Explorer, I will do my very best to earn the respect, trust, and appreciation of my fellow Explorers, Law Enforcement Officers and the public, which I intend to serve. I want to gain the admiration of other Explorers. I will reach my goals through the following ways:

1. Much like my role models, I will keep my private life unsoiled. I will obey the law and set an example for citizens, when I am both in and out of uniform.
2. I will volunteer for details, the fun and the not so fun. I will be the first to pitch in when something needs to be done. I will work harder than my associates.
3. I will study hard in school, since I know that a good basic education is essential to a career in law enforcement. I know that the academic decisions I make today will effect my chances tomorrow. I understand that grades are important to my overall appearance.
4. My family comes first, school comes second, Explorers falls behind those two when it comes to decisions about scheduling my life. I will not let the Explorer program come before my family or my education.
5. While on ride alongs, I will do as I'm told, limit my conversation to law enforcement and the calls for service. I will try to be of aid to the officer, not a liability. I will present myself as a young professional adult.
6. I will learn as much as I can about my chosen profession. I will memorize radio codes, traffic laws, criminal laws, procedures, and as much as I am able so as to help officers in the field.
7. I will respect authority. I will respect the chain of command. I will not talk publicly about Officers, Deputies, Dispatchers, civilian employees or other Explorers in a manner as to bring discredit upon them.
8. I will treat all persons equally, despite their beliefs, color, creed, or income. I believe that all persons should be given equal opportunity. As such, I will struggle to protect all person's rights and will treat all people in a manner in which I wish to be treated.
9. I will be on time to all details, meetings and other Explorer activities. I will wear my uniform with pride, as it will be neat, clean, and pressed. I will have all my required equipment. My boots or shoes will be polished. I know that if I am on time and look sharp, I will be confident and will present myself as a professional.
10. I will always remember that law enforcement is not a game, it is not an adventure, and it is also not just a job. Law enforcement is a way of life. I will remember that Explorers are but a small part of the law enforcement community, but that my actions may represent law enforcement as a whole.

I have read the above "oath of office" and agree to do my best to abide by the oath.

Applicant's Signature: _____

General Information

The Coolidge Police Explorer program is specifically designed for young adults who are interested in pursuing a career in law enforcement. Explorers are required to attend both regular meetings per month. In addition, Explorers are also expected to attend a variety of details throughout the month, which may include both evenings and weekends. Explorers are in the public eye on a regular basis both during specialty details and during ride-alongs in the field with officers. Explorers are then required to maintain a functional uniform. The bulk of the dress uniform (class A) is supplied by the department however, the utility uniform (class B & C) and boots must be purchased by the Explorers themselves.

Program Costs

Class "C" or "B" T-shirt available at the Police Department:	\$10.00
Black shoes or boots, rounded toes, available at most shoe stores:	Approx \$30
Navy Blue BDU Pants for Class "B" uniform available at local uniform store:	\$25.00

Class 'A' uniform pants, shirt, nameplate, badge and duty belt will be provided by the department, once the Explorer reaches the level of Probationary Cadet. Dress uniforms will be provided when required. Other uniform items are optional and are strictly the financial responsibility of the individual. Annual dues (due on application and again between January 1 and 15) \$20.00
Uniform costs are usually spread out over a period of months.

Other Costs

Throughout the year Explorers are invited to attend many activities, some of which require a fee. These trips may be out of state or local events. The costs vary dependant upon where the event is located and the time involved. These costs range from \$20 to \$300 per event. These events are optional; not all Explorers always attend. Explorers are responsible for all of their issued equipment. Upon termination from the program, Explorers are required to turn in all issued equipment or reimburse the city for all missing or damaged equipment.

Physical and Written Requirements

Explorers are active in many areas, many of these mimic actual law enforcement functions. As such Explorers should be physically fit capable of lifting, running, and performing other physical tasks. Explorers are occasionally required to do push-ups as part of the learning process and as consequences for inappropriate actions. Additionally, Explorers are required to prepare reports, memos and other written documentation that should be accurate, neat, and concise. Failure to meet these minimum requirements constitutes grounds for dismissal.

Adherence to Policy

Once accepted into the Explorer Post, members are issued a policy manual, which they are required to read and adhere to. A test will be administered to the Explorer over policy, prior to being allowed to participate in functions. Explorers are required to report ANY negative law enforcement contact to the post advisor as soon as possible. Explorers who violate the oath of office or policy are subject to suspension or termination.