

LAKE STEVENS POLICE DEPARTMENT Law Enforcement Explorer Post	EXPLORER APPLICATION	<i>FOR OFFICIAL USE ONLY</i>
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INSTRUCTIONS: PLEASE PRINT OR TYPE ONLY / FILL IN ALL BLOCKS THAT APPLY, THOSE THAT DO NOT, ENTER "NOT APPLICABLE" OR N/A

1. APPLICANT INFORMATION					
1a. Last Name	1b. First Name	1c. Middle Name	1d. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
1e. Home Address	1f. City	1g. State	1h. Zip Code + 4		
1i. Social Security Number	1j. Date of Birth	1k. Home Phone	1l. E-Mail Address		
1m. Full-time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes grade:</i>	1n. School Name & City			1o. GPA	
1p. Has the applicant ever been arrested? (use an additional sheet if necessary) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes please explain:</i>					
1r. Employer & Phone Number			1s. Referred/Recruited by		

2. APPLICANT AGREEMENT AND CONFIRMATION	
I agree to be governed by the regulations for administration of the Lake Stevens Explorer Post; and to obey all lawful orders, to attend training regularly, and to take proper care of any uniforms or equipment entrusted to me. I also commit to being drug, alcohol, and gang free while I am a member of the Lake Stevens Explorer Unit.	
2a. Applicant Signature	2b. Date (MM/DD/YYYY)

3. PRIMARY PARENT/LEGAL GUARDIAN INFORMATION (will be listed as next of kin and first contact in case of an emergency)					
3a. Name			3b. Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other:		
3c. Address	3d. City	3e. State	3f. Zip Code + 4		
3g. Day Phone	3h. Evening Phone	3i. E-Mail Address			

4. SECONDARY PARENT/LEGAL GUARDIAN/EMERGENCY CONTACT INFORMATION					
4a. Name			4b. Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other:		
4c. Address	4d. City	4e. State	4f. Zip Code + 4		
4g. Day Phone	4h. Evening Phone	4i. E-Mail Address			

UNIT USE – DO NOT WRITE BELOW THIS LINE

ENROLLMENT	DATE	TRAINING/PROMOTIONS	DATE	DISENROLLMENT	DATE
Application		Completed Academy		ID Card Returned	
Interview		Sergeant		Uniforms Returned	
Background		Lieutenant			
ID Card Issued		Captain			
Uniforms Issued		Secretary			
		Treasurer			
				REASON FOR DISENROLLMENT	

EXPLORER APPLICATION

5. PARENT/LEGAL GUARDIAN AGREEMENT & CONFIRMATION

I hereby consent to my child/ward enrolling in the Lake Stevens Police Department Explorer Post. I understand that the Post is organized along law enforcement lines and that Lake Stevens Police Department and Post regulations govern my child's/ward's membership and that violation of regulations may result in my child's/ward's discharge from the Post. I will ensure that my child/ward abides by all regulations and lawful orders from Police Officers and Explorers. I certify that, to the best of my knowledge, he/she is physically and mentally fit to take part in vigorous activities and is not suffering from any communicable disease. I further agree to be responsible for the value of any uniforms and/or equipment loaned him/her, reasonable wear and tear expected. I understand that such uniforms or equipment shall remain the property of the Lake Stevens Police Department while on loan, and I agree to return them when my child/ward ceases to serve as an Explorer, or at any other time upon request of the Lake Stevens Chief of Police. I agree to be bound by all Lake Stevens Police Department and Post regulations, policies, and amendments thereof that govern my child's/ward's membership and conduct; I further waive any right to challenge in any way any determination made by the Chief of Police regarding my child's/ward's continuance of membership in the Post should he/she violate said regulations.

5a. Signature of Parent/Legal Guardian

5b. Date (MM/DD/YYYY)

5c. Signature of Witness

6. STANDARD RELEASE

_____ As an Explorer for the Lake Stevens Police Department I understand that I will be asked to participate in various Post activities and functions as the result of my appointment to the Post. I hereby affirm that I am in good physical condition and consider myself physically capable of performing the activities and functions necessary to be a participant in the Explorer Post. I further understand that my participation in the Lake Stevens Police Department Explorer Post is of my own choice and at my own risk.

_____ I, being the parent/legal guardian of a member of a Lake Stevens Police Department Explorer, in consideration of his/her acceptance and continuance of membership in the Post, hereby indemnify and hold-harmless and agree this shall be considered a complete and total waiver of any and all liability and release from any and all claims, demands, actions, or causes of action due to damage, death, injury or illness the following: (1) the government of the City of Lake Stevens all its departments (2) any jurisdiction (state, county, city, town, district or other political subdivision) where official Post activities take place; (3) any organization or association, public or private, that sponsors Post activities; (4) the Lake Stevens Police Department Explorer Post; (6) all police officers, representatives, and agents, acting officially or otherwise of the previously mentioned, jurisdictions, organizations, and associations.

_____ I also grant permission for my son/daughter/ward to be transported as a passenger in law enforcement vessels and vehicles.

_____ I consent to the taking of any records of my son/daughter/ward through photographic, cinematic, and digital media, and to the reproduction and/or publication of same. I consent to the use of said records in connection with education programs or activities of the said organizations. I further assign to the said organizations all right and title to and interest in above described records for any further use of them that may be in the area of motion pictures, video tapes, publicity photos, publication via digital media such as the Internet, etc.

_____ LIABILITY COVERAGE: I understand that the City is self insured through the Washington Cities Insurance Authority (WCIA) for liability coverage. Volunteers/Explorers performing within the scope of their assigned duties as authorized by the City are afforded the same coverage as City employees under the City's liability coverage with WCIA. I am fully aware that a volunteer's/Explorer's intentional misconduct is not protected or covered by the City or WCIA.

_____ This standard release shall remain in effect for the duration of my son's/daughter's/ward's membership in the Post. Additional hold-harmless agreements may be necessary for certain training(s).

_____ To the best of my knowledge, the information contained herein is true and correct. I understand that falsification of this information is grounds for dismissal as an Explorer. Further, I give permission for an authorized representative of the City to conduct a state patrol criminal background check in accordance with RCW 43.43.830-839.

6a. Explorer Printed Name and Signature

6b. Social Security Number

6c. Parent/Guardian Name (Print of Type)

6d. Parent/Guardian Signature

6e. Date (MM/DD/YYYY)

6f. Name of Witness

6g. Signature of Witness

6h. Date (MM/DD/YYYY)



Police Department

Authorization for Release

Applicant's Name: _____

Address: _____

Date of Birth: _____

TO WHOM IT MAY CONCERN: I am an applicant for an Explorer Post position with the Lake Stevens Police Department. The department needs to thoroughly investigate my personal history, employment and scholastic record. I hereby authorize any representative of the Lake Stevens Police Department bearing this release to obtain any information in your files pertaining to my records. I hereby authorize a review of and full disclosure of all records, or any part thereof concerning myself, whether such records are public, private, or confidential in nature. The intent of this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of determining my suitability for an Explorer Post position in the department.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though said photocopy does not have an original signature. This waiver is for a period of ninety days (90) from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed above.

It is further understood that any information released shall be used for the sole purpose of determining membership eligibility within the Explorer Post only and shall not be used or released for any other purpose.

Applicant's Signature

Date

Parent or Guardian's Signature

Date

Lake Stevens Police

Randy W. Celori, Police Chief

Memorandum

To: Explorer Unit

Subject: Section 38.3 UNIFORM AND APPEARANCE

Each Explorer will be issued uniforms parts as directed by the Chief of Police. Each Explorer is responsible for the care and maintenance of items issued. Any damage or excessive wear shall be reported to the Explorer Advisor as soon as possible.

I acknowledge that I have received and read the General Order for Policy and Procedure, Chapter 38, Law Enforcement Exploring Post, and agree to abide by the rules and regulations for the uniforms and equipment I am issued. I understand that all items provided by the department remains property of the Lake Stevens Police Department and shall be presented for inspection upon request. All items issued will be returned to the department in good condition upon separation of service.

Parent/Guardian Name

Explorer's Name

Signature

Signature

Date

Date

HEPATITIS B VACCINE FOR UNIT YOUTH/ADULT VOLUNTEERS

I understand that due to my voluntary participation in Exploring activities, I may be exposed to blood and other potentially infectious materials and may therefore be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine series at **no charge to me**. The cost will be covered by the City of Lake Stevens. *(Please check childhood immunization records to see if you have already had the vaccination.)*

However, I can decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, if I continue to participate in unit activities with exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at **no charge to me**. The cost will be covered by the City of Lake Stevens.

The Hepatitis B vaccination series is provided at:

Snohomish Health District
3020 Rucker Ave Ste 108
Everett, WA 98201
Immunizations: 425-339-5224

Explorer Name: _____

(A parent/legal guardian must also sign if participant is under 18 years of age.)

I **wish** to be vaccinated against the Hepatitis B virus, and will contact the Snohomish Health District to proceed:

Signature

Date

Signature

Date

I have **already** been vaccinated against the Hepatitis B virus, or **do not wish** to be vaccinated at this time. I understand that I can request the vaccination at any time.

Signature

Date

Signature

Date

MEDICAL RELEASE FORM

I/We know of no health or fitness restriction that precludes the participation of Explorer _____ in the Explorer Ride-Along program for Explorer Post _____, sponsored by the _____.

In the event of serious illness or injury to _____ while involved in this activity, I/we consent to emergency medical treatment, x-ray examination, anesthesia, medical or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the emergency medical technician/paramedic and the attending physician, and is performed under the supervision of a member of the medical staff of the hospital furnishing the medical services.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me/us will be attempted.

Parent(s)/Guardian(s) Name _____

Parent(s)/Guardian(s) Signature _____

EMERGENCY PHONE NUMBERS

Home (____) _____ Work (____) _____ Message/
Pager (____) _____

NOTARY PUBLIC _____ DATE _____

ADVISOR APPROVAL _____ DATE _____

EXPIRATION DATE _____