



SANFORD POLICE EXPLORERS
POST #516
SANFORD POLICE DEPARTMENT
815 SOUTH FRENCH AVENUE
SANFORD, FL 32771



APPLICATION FOR POLICE EXPLORER

1. Name: _____ Male: _____ Female: _____
 (Last) (First) (Middle)

2. Date of Birth: _____ Age: _____ Social Security Number: _____

3. Address: _____

4. Mailing Address: _____

5. Home Phone: _____

6. Your Present School: _____

7. Brief Statement on your grades: _____

8. What grade are you in now? _____ What is your grade average? _____

9. In case of emergency:

 (Mother's Name) (Place of employment) (Phone)

 (Father's Name) (Place of employment) (Phone)

 (Other) (Location) (Phone)

10. Are you employed? _____

11. If so, by whom? _____
(Company)

(Address) (Phone)

12. Have you ever been arrested? Yes No

(Charge) (Department)

13. List Three (3) references over the age of 18 and not relatives.

A. _____
(Name) (Address) (Phone)

B. _____
(Name) (Address) (Phone)

C. _____
(Name) (Address) (Phone)

14. Reason for joining this organization: _____

15. Special Interest and activities:

(A) _____ (B) _____
(C) _____ (D) _____
(E) _____ (F) _____

16. List other organizations/clubs:

(A) _____ (B) _____
(C) _____ (D) _____
(E) _____ (F) _____

ANY FALSE INFORMATION WILL BE GROUNDS FOR DISMISSALL!!

(Signature of Applicant) (Date)

(Signature of parent/legal guardian) (Date)

PHYSICAL DESCRIPTION

Name: _____ Date of Birth: _____

Height: _____ ft. _____ in. Weight: _____ lbs.

Color of Eyes: _____ Color of hair: _____

Do you wear glasses? _____ Contacts? _____

Race: _____ Complexion: _____

Build: Very small Small Medium Large Very large

Allergies: _____

Any other medical problems? _____

Do you have any physical disabilities which would restrict regular participation in all phases of firearms training, physical training, etc.? _____

Approval of parent or guardian: _____
(Parent or Legal Guardian Signature)

I certify that all statements made by me are true to the best of my knowledge; I also understand that this form will remain confidential.

(Date)

(Signature)

MEDICAL RELEASE FORM

TO: Sanford Police Exploring
815 S. French Avenue
Sanford, Florida 32771

I, the parent of police explorer _____ understand that due to many activities of the Sanford Police Department Explorer Post #516 and, I at time not being present to sign medical form for my child if an injury should occur do hereby give permission to any and all Sanford Police Officers to sign any medical forms necessary for medical treatment in my place that may be needed in case of an accidental injury to Explorer _____ .

I also release the Sanford Police Department, its Officers, and the City of Sanford from any legal actions stemming from any accidental injury that might occur during the time that my son/daughter is a member of the Sanford Police Department Explorer Post #516.

Parent or Legal Guardian Signature

Sworn to and subscribed before me this _____ day of _____ 20 _____

Notary

Commission Expires

**CITY OF SANFORD
SANFORD POLICE DEPARTMENT
RELEASE FORM**

I, _____, as the legal guardian and/or parent do hereby release an degree to hold harmless the City of Sanford, it's Officers, Employees, agents, etc. for any loss, cost, damage, or expense arising out of any accident or other occurrence causing injury to _____ While riding with a police department supervisor as an observer or passenger in any city/department owned vehicle, limited specifically to cars, trucks, and B.A.T. Unit only; and waive all claims against the City, it's Officers, Employees, Agents, etc., which may arise from such injury or occurrence.

(Date)

(Signature of Applicant)

(Parent of Legal Guardian Signature)

Sworn to and subscribed before me this _____ day of _____ 20 _____

Notary

Commission Expires

PERMISSION FORM

SANFORD POLICE EXPLORER POST #516

I, the parent or legal guardian of Police Explorer
give my consent for him/her to participate in firearm's training knowing that my son/daughter will be
handling a weapon.

Date

Signature of applicant

Witness

Parent or Legal Guardian Signature

**CITY OF SANFORD
SANFORD POLICE EXPLORERS**

I, _____, do hereby understand that all equipment issued to me by the Sanford Police Explorers is the property of the Sanford Police Explorers, and upon termination or suspension said equipment is to be turned in.

Failure to do so will result in legal actions being taken.

Signature of Applicant

Parent or Legal Guardian Signature

PERMISSION SLIP FOR REPELLING

To the parents of: _____

My son/daughter has my permission to repel from a 40 to 75 foot tower to the ground with ropes.

Parent or Legal Guardian Signature

Repel: To descend down to the ground from the sheer side of a building by means of a double rope belayed above and arranged around the body so that he or she can control the slide downward.

PERMISSION SLIP TO VIEW GRAPHIC MEDIA

I give my permission for my child _____ to view Graphic Media (Which my include, but is not limited to Videos, Pictures, Etc.) from the Sanford Police Department / Sanford Police Explorers.

Parent or Legal Guardian Signature

PERMISSION SLIP FOR PHYSICAL TRAINING

I give my permission for my child _____ to participate in Physical Training (Which may include, but is not limited to Running, Exercising, lifting weights etc.), conducted under supervised conditions by a member of the Sanford Police Department and/or the Sanford Police Explorers.

Parent or Legal Guardian Signature

WAIVER OF LIABILITY

STATE OF FLORIDA
COUNTY OF SEMINOLE
CITY OF SANFORD

KNOW ALL MEN BY THESE PRESENTS

That I, the undersigned _____, a private person, for and in consideration of the privilege of riding as a guest and voluntary observer in a police patrol vehicle of the City of Sanford, Florida, and recognizing that routine police activity involves certain inherent dangers, do hereby agree to assume the accidents on either public streets or private property, and do hereby release the City of Sanford, it's Police Department, Agents and Employees, in both their public and private capacities, from any and all claims, liability, suits, demands or causes of action which may arise from riding as a voluntary observer on police patrol.

Signed, this the _____ day of _____ 20 _____

Signature _____

Address _____

City _____

Telephone Number _____

Signature of parent or legal guardian if observer is under eighteen (18) of age

Sworn to and subscribed before me this _____ day of _____ 20 _____

Notary

Commission Expires

Explorer Background Check

Reference's Comments:

1. _____

2. _____

3. _____

CAFÉ:

1. _____

2. _____

3. _____

10-29p:

1. _____

2. _____

3. _____