



EDMOND POLICE DEPARTMENT EXPLORER PROGRAM APPLICATION FORM

(PLEASE COMPLETE IN BLACK OR BLUE INK PEN ONLY. DO NOT LEAVE ANY BLANKS. IF A QUESTION DOES NOT APPLY THEN ANNOTATE APPROPRIATELY. PLEASE WRITE LEGIBLY.)

NAME: _____ **DATE OF BIRTH** _____

AGE: ____ **SEX:** ____ **HEIGHT:** ____ **HAIR COLOR:** ____ **EYE COLOR:** ____

DRIVERS LICENSE: _____ **CITIZENSHIP:** _____

HOME ADDRESS: _____

CITY AND STATE: _____

EMAIL ADDRESS: _____

HOME PHONE NUMBER: _____ **CELL PHONE NUMBER:** _____

NAME OF SCHOOL OR VOCATIONAL PROGRAM OF WHICH YOU ARE CURRENTLY ENROLLED IN: _____

ADDRESS OF SCHOOL OR VOCATIONAL PROGRAM YOU ARE CURRENTLY ENROLLED IN:

CURRENT GRADE LEVEL: _____ **CURRENT GPA:** _____

NAME OF SCHOOL COUNSELOR OR PROGRAM DIRECTOR: _____

MOTHER/GUARDIAN NAME: _____

ADDRESS: _____

CITY AND STATE: _____

EMAIL ADDRESS: _____

HOME PHONE NUMBER: _____ **CELL PHONE NUMBER:** _____

PLACE OF EMPLOYMENT: _____ **WORK PHONE:** _____



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FATHER/GUARDIAN NAME: _____

ADDRESS: _____

CITY AND STATE: _____

EMAIL ADDRESS: _____

HOME PHONE NUMBER: _____ **CELL PHONE NUMBER:** _____

PLACE OF EMPLOYMENT: _____ **WORK PHONE:** _____

HAVE YOU EVER BEEN DETAINED OR ARRESTED BY LAW ENFORCEMENT? IF YES, WHAT AGENCY, DATE, AND EXPLAIN WHY:

HAVE YOU EVER RECEIVED A TRAFFIC CITATION? IF YES, WHAT AGENCY, DATE, AND EXPLAIN WHY:

HAVE YOU EVER USED ANY ILLEGAL DRUGS TO INCLUDE PRESCRIPTION MEDICATIONS THAT WERE NOT PRESCRIBED TO YOU BY A PHYSICIAN? IF YES, THEN EXPLAIN THE CIRCUMSTANCES:



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WHAT ARE YOUR CAREER GOALS?

WHAT ARE YOUR EXPECTATIONS OF THE EDMOND POLICE DEPARTMENT EXPLORER PROGRAM?

HOW OR WHAT CAN YOU DO TO MAKE YOUR COMMUNITY A BETTER/ SAFER PLACE TO LIVE IN?



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CERTIFICATION:

I understand that this form is subject to examination by the Edmond Police Department. I acknowledge that all of the information contained will be used solely for law enforcement purposes to determine my suitability as an Edmond Police Explorer. All the information herein is accurate and true to the best of my knowledge. I understand that this application form will become property of the Edmond Police Department.

APPLICANT SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

AUTHORIZATION OF RELEASE OF INFORMATION:

As an applicant for the Edmond Police Department Explorer Program, I hereby authorize the release and full disclosure of any or all personal/confidential information to any duly authorized agent of the Edmond Police Department.

APPLICANT SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

ACKNOWLEDGEMENT:

I hereby acknowledge that if I am selected as an Edmond Police Department Explorer, my primary objective will be to examine and study the field of law enforcement and community service. I understand that teamwork is a necessity for the success of the program and my own personal growth. I will remain true and honest, and will strive to achieve the objectives and ideals of the Explorer Program.

APPLICANT SIGNATURE: _____



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EXPLORER POST 655 PARTICIPANT WAIVER

NAME: _____
 LAST **FIRST** **MIDDLE**

ADDRESS: _____
 NUMBER **STREET** **CITY** **ZIP**

PHONE: _____ **AGE:** _____ **DOB:** _____

RACE: _____ **SEX:** _____ **SCHOOL:** _____ **GRADE:** _____

Allergies to food or drugs: _____

Any special medications, important medical information or special instructions:

List any restrictions to medical treatment:

Physician Name: _____ **Phone:** _____

Father/Guardian Name: _____ **Phone:** _____

Mother/Guardian Name: _____ **Phone:** _____

EMERGENCY CONTACT: _____ **PHONE:** _____

EMERGENCY CONTACT: _____ **PHONE:** _____

(Other than Mother or Father)



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VIDEO AND PHOTO RELEASE

I understand that during the Edmond Police Department Explorer Program and/or activity, my photograph and/or the photograph of my child may be taken by the Edmond Police Department Explorer Program, producers, sponsors, organizers, and/or assigns. I agree that my photograph and/or the photograph of my child, including video photography, digital photography, or other reproduction of my likeness or the likeness of my child, may be used without charge by the Edmond Police Department Explorer Program, producers, sponsors, organizers and/or it's assigns for such purposes as they deem appropriate.

AUTHORIZATION TO TREAT A MINOR

I, the parent or the legal guardian, of the child listed in this waiver, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of Medical Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital or emergency care facility holding a current license in its respective state of practice. I understand that this authorization is given in advance of any specific diagnosis's, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable for my child. Further, I understand my child will be participating in inherently dangerous activities and agree to pay for my child's medical expenses. I understand that all effort shall be made to contact me prior to rendering treatment to my child, but any of the above treatment will not be withheld if I cannot be reached. This consent shall remain in effect until December 31 of the subject year.

RELEASE FROM LIABILITY

In consideration of the acceptance of the application of my child, as a participant in any program and/or activities of the Edmond Police Department Explorer Program, I and my child hereby agree to assume all risks attendant upon myself and my child while participating in any Edmond Police Department Explorer Programs and/or activities. I and my child hereby waive, release and discharge any and all claims for damages for death, personal injury, or property damage which I or my child may have, or which hereafter may accrue to me or my child, as a result of my or my child's participation in the Edmond Police Department Explorer Program. I agree to indemnify and hold harmless from liability the Edmond Police Department Explorer Program, its member chapters and/or any of their agents, , servants, or employees by reason of any accident, death, injury, or damages, to persons or property which I or my child may suffer while participating in Edmond Police Department Explorer Program and/or activities. The release is intended to discharge in advance the Edmond Police Department Explorer Program, its member chapters and/or any of their agents, servants, or employees by reason again any accident, death, injury or damages to person or property which I or my child may suffer, from and against any and all liability arising out of or connected in any way with me or my child's participation in the Edmond Police Department Explorer Program and/or activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns, and the heirs and assigns of my child. I agree all responsibility for any property damage or injury to any person caused by me or my child while participating in the Edmond Police Department Explorer Program and/or activities.

I have read, and understand and approve the **AUTHORIZATION TO TREAT A MINOR** (with restrictions listed), **RELEASE FROM LIABILITY** and the **VIDEO-PHOTO RELEASE**.

X _____
PRINTED NAME OF PARTICIPANT OR MINOR CHILD

X _____
SIGNATURE OF PARTICIPANT OR PARENT/GUARDIAN OF MINOR CHILD

DATE

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