

Name: _____

Application for the Lake City Police Department Police Explorer Post 386



225 NW Main Blvd., Suite 102
Lake City, Florida 32055
(386) 752-4343

AN EQUAL OPPORTUNITY EMPLOYER

In compliance with the ADA, qualified individuals with disabilities who will need reasonable accommodations in order to apply or complete any required test should inform the Human Resources Director at least **48 hours before** said accommodations are needed.

For Internal Use Only:

Explorer ID # _____

Background completed on _____



LAKE CITY POLICE DEPARTMENT

Police Explorer Application



Please ensure all of the following items are completed. These items, along with the application fee, must be submitted prior to participation in post activities.

- Copy of birth certificate, driver's license, passport, or other form of government ID**
- Copy of of high school diploma, GED or current report card**
- Explorer Membership Application
- Record Check Authorization
- Background Check Information
- Personal Statement Essay (PSE)
- Medical Information Form ‡
- Explorer Badge Agreement
- Hold Harmless Agreement *
- Dues, Fees, and Deposit Agreement
- Photo Release Form
- CO² Pistol Training Waiver *
- Firearm Training Waiver *
- Agreement for Return of Issued Property

*** These forms must be notarized. DO NOT SIGN THE FORMS until you are in the presence of the notary.** You may bring them to the Police Department to be notarized. If doing so, in the case of minors, please have the child sign prior to taking the form to be notarized. The adult should NOT sign the form until they are instructed to do so. In the case of adult applicants, do not sign the form until instructed to do so by the notary, in their presence. To have forms notarized at the Police Department, please call prior to arrival to make an appointment at **(386)758-5433**. When you arrive, please ensure to bring a government issued photo identification.

‡ The Medical Form attached does not require a health care provider's signature and contains basic information post advisors may need in case of an emergency. In addition, a health physical will be required, with additional forms to be signed by a medical provider, only in the case that the applicant successfully passes the application process. These forms, if applicable, will be provided later. The applicant is responsible for any costs associated with the physical exam.



LAKE CITY POLICE DEPARTMENT

Police Explorer Application



Membership Requirements

1. Young adults between the ages of 14 and 20
2. Maintain at least a 'C' grade point average (2.0 on a 4.0 grading scale)
3. Have parent/guardian approval to participate
4. Be of good health and be cleared by a physician to participate in post activities
5. Be of good moral habits with no arrest or convictions and pass a background investigation
6. Complete all applications and required forms contained within this packet
7. Once a member, maintain minimum activity requirements
8. Additionally, **an application fee of \$25 and \$5 monthly dues** are required.

Each applicant must pass a selection process, which will include an interview, a background investigation and a review of their internet social websites (MySpace, Facebook, Twitter, Craigslist, Instagram, etc.).

Post Functions Include:

Annual Police Explorer Academy

Law enforcement training

Participation in LCPD special events (parades, checkpoints, community events)

Delegates meetings and conferences

Other hands-on learning activities

“Ride Along” with police officers on calls

The Police Explorer program offers approximately \$10,000 in scholarships annually that are only available to active members of an explorer post.



Explorer Post 386 meetings are held every other Thursday of each month

from 6:00 PM – 7:30 PM at the Lake City Police Department

225 NW Main Blvd, Suite 102, Lake City, FL 32055

For more information please contact the Lake City Police Department at

(386)752-4343 and ask for an Explorer Advisor to contact you.



LAKE CITY POLICE DEPARTMENT

Police Explorer Post 386 Application



**** APPLICATION MUST BE COMPLETED IN FULL AND SIGNED IN ORDER TO BE PROCESSED ****

Personal Contact Info

Full Name _____ Nickname _____

Address _____ Apt _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail address _____

Date of Birth _____ Place of Birth _____

Race _____ Sex _____ Height _____ Weight _____ Hair _____ Eyes _____

Driver's License _____ Expiration _____

DL Type _____ Valid? Yes No SSN _____

Education/Civic Participation

Please circle the highest documented school grade completed to date:

6 7 8 9 10 11 12 GED AA/AS BA/BS

Current GPA _____

Name of School/College	Years Attended	Major	Degree

Please list all clubs and organizations you have been a member of:

Name of Club or Organization	Location	Office(s) Held

Do you have any physical impairment that would interfere with your full participation in strenuous activities? YES NO

If YES, explain: _____

Current or Previous Employment

Please provide complete names and addresses. Describe major duties performed. *Only your current or last employer information is needed.*

Employer _____ Supervisor _____
Address _____ Suite _____
City _____ State _____ Zip _____
Work Phone _____ Bus. Hours _____
Position Held _____ Dates employed _____

Driving History

1. Can you operate a motor vehicle? YES NO

2. Do you possess a valid Operators or CDL License of any kind issued from the state of Florida? YES NO

3. Have you ever possessed a driver's license of any kind from any other state? YES NO

If YES, give state(s): _____

4. Have you ever had your driver's license SUSPENDED or REVOKED for any reason? YES NO

If YES, explain: _____

5. Do you have personal vehicle liability insurance? YES NO

6. List ALL traffic citations and crashes in the last two (2) years from any state:

Date _____	Violation _____	Penalty _____
Date _____	Violation _____	Penalty _____
Date _____	Violation _____	Penalty _____
Date _____	Violation _____	Penalty _____

7. Do you have access to a motor vehicle? YES NO

Make _____ Model _____ Color _____ Tag # _____

Internet Footprint

**** As a condition of membership, your online presence will be monitored for inappropriate or negative representation of your position.**

Do you now, or have you ever listed yourself within any social websites, post listings, personal website, blog or any other internet site that holds an account that is registered under your name or a fictitious name? YES NO

Site _____ Username _____

Site _____ Username _____

Site _____ Username _____

Site _____ Username _____

Site _____ Username _____

You are subject to an initial check and random rechecks of your online profiles

You may be required to “friend” or “add” a member of the Lake City Police Department so your profiles may be periodically reviewed.

Inappropriate content, such as pictures showing illegal or immoral activity, negative comments or postings about the City of Lake City or Lake City Police Department, postings or content used for the purpose of “bullying” or harassment, postings or content containing confidential or classified information, or any other information determined by the Chief of Police or designee as reflecting negatively on the Department or Post, may be grounds for **dismissal** from the post.

Criminal History

1. Have you ever been arrested or charged with a crime, whether as an adult or juvenile, even if the record was expunged or sealed? YES NO

2. Have you ever been reported as a runaway or missing person? YES NO

3. Do you live at home? YES NO

If **NO**, explain: _____

Illegal Narcotics

1. Have you ever USED or EXPERIMENTED with any illegal narcotic, including but not limited to: marijuana, cocaine, crack, meth, heroine, speed? YES NO

2. Have you ever PURCHASED any illegal narcotic or drug (without a prescription)? YES NO

3. Have you ever ENGAGED in the SALE of any illegal narcotic or drug (without a prescription)? YES NO

If **YES** to any of the above questions, please use the above section or the comments section below to explain, to include type and date(s) of use, purchase or sale.

Additional Comments

Use this section for additional comments, explanations, additional educational history, etc., wherever such space does not already exist. Please indicate the application section along with each comment below.

Parent/Guardian and Emergency Contact Info

Father/Male Guardian Name _____

Address _____ Apt _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employed at _____ Work Phone _____

Mother/Female Guardian Name _____

Address _____ Apt _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employed at _____ Work Phone _____

Frequently checked e-mail by parent _____

Who can we contact in case of an emergency other than a parent/guardian?

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Personal References

List three (3) personal references you have known for three (3) years or more

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

I hereby give consent for my son/daughter to apply to become part of the Lake City Police Department Police Explorer Post 386. I authorize the Lake City Police Department, or their designee, to photograph my son/daughter so an Explorer Post identification card may be issued. I understand that if accepted in the program my son/daughter will receive training in law enforcement and, after meeting the training requirements, will be allowed to ride with a patrol officer during a tour of duty. I also understand Explorer Post 386 is affiliated with the Boy Scouts of America and is sponsored by the Lake City Police Department.

Signature of Parent/Legal Guardian

Date

I certify that all of the above answers are correct and true to the best of my knowledge and that if accepted into the post, I will abide by the Constitution and By-Laws of Explorer Post 386.

Signature of Applicant

Date



LAKE CITY POLICE DEPARTMENT

Police Explorer Post 386 Application



Record Check Authorization

Name: _____
Print Full Legal Name

Please Read Carefully Before Signing

I HEREBY AUTHORIZE that all the facts and information listed on this application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am accepted may result in my dismissal.

I HEREBY AUTHORIZE the City to investigate all statements contained in this application, to interview the previous employers listed in this application, and to conduct a record check on my background to include, but not be limited to the following: criminal and driving check, employment and performance record and education records. I authorize the references, previous employers, and school or other education institution, or public agency listed to give the City all the facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise.

I HEREBY RELEASE and save harmless the addressee, its officers, agents, servants or employees from and against any and all liability, claims, demands, damages, expenses, fees, fines, penalties, suits, proceedings, actions and costs of actions, including attorney’s fees of any kind and nature arising or growing out of or in any way connected with the disclosure of requested information.

I understand this is NOT an application for employment with the City or the Lake City Police Department. If I am accepted into the Police Explorer program, I understand such an offer will be conditioned upon satisfactory results of a background investigation. If then accepted, I understand my participation can be terminated, with or without cause or notice, at any time, at the option of either the City or myself. I further authorize on-going procurement of the above mentioned reports at any time during my participation in the program.

I FULLY UNDERSTAND AND VOLUNTARILY AGREE WITH THE ABOVE

Signature of Parent/Legal Guardian

Date

Signature of Applicant

Date



LAKE CITY POLICE DEPARTMENT

Police Explorer Post 386 Application



Background Check Information

As an applicant for a Police Explorer position with the Lake City Police Department, you will undergo a thorough background check. Please indicate below any of the addresses at which you have lived during the past **five (5) years** and the dates you lived there.

Address _____ Dates _____

Address _____ Dates _____

Address _____ Dates _____

Address _____ Dates _____

Please list any of the schools you have attended in the last two (2) years.

School _____ Dates _____

School _____ Dates _____

School _____ Dates _____



LAKE CITY POLICE DEPARTMENT

Police Explorer Post 386 Application



Personal Statement Essay (PSE)

As part of the application packet, applicants are required to provide a writing sample in the form of a Personal Statement Essay (PSE). This essay should include an introduction of the applicant, a brief history of the applicant, a description of the applicant’s interests and hobbies, any career goals or other goals of the applicant, and should be able to answer the question “Why do you want to become a Police Explorer?” *(Use additional sheets if necessary)*



LAKE CITY POLICE DEPARTMENT

Police Explorer Post 386



Medical Information Form

Please check and explain if you have any of these medical conditions:

<u>Condition</u>	<u>Yes</u>	<u>No</u>		<u>Condition</u>	<u>Yes</u>	<u>No</u>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>		Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>		Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>		High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>		Leukemia	<input type="checkbox"/>	<input type="checkbox"/>
Migraine Headaches	<input type="checkbox"/>	<input type="checkbox"/>				
Food Allergies	<input type="checkbox"/>	<input type="checkbox"/>	If YES, explain _____			
Insect Allergies	<input type="checkbox"/>	<input type="checkbox"/>	If YES, explain _____			
Plant Allergies	<input type="checkbox"/>	<input type="checkbox"/>	If YES, explain _____			

Please list any condition that may limit full participation in events, competition, or training (physical or emotional):

Any reason for needing medicine during a meeting, training, or event? YES NO

If YES, please list and give directions for use _____

Do you require special services or equipment? YES NO

If YES, please list and give directions for use _____

Date of last Tetnus shot? _____ Flu Shot? _____

We may request this form be completed on several occasions; you may wish to keep the basic information readily available



LAKE CITY POLICE DEPARTMENT

Police Explorer Post 386



Explorer Badge Agreement



Each explorer is issued a metal Police Explorer badge and a Lake City Police Department Explorer photo ID. **These badges convey no law enforcement authority.** However, as they are issued officially by the police department, their use is governed by state law.

Explorers are expressly prohibited from using these badges in any manner other than prescribed by City of Lake City, Lake City Police Department, and Explorer Post 386 policies.

Further, improper use of official badges is prohibited by Florida State Statutes 817.311 and 843.085:

*It is unlawful for any person, unless authorized by the appropriate agency, to wear or display any authorized indicia of authority, including **any badge, insignia, emblem, identification card, or uniform**, or any colorable imitation thereof, **of any federal, state, county, or municipal law enforcement agency**, which could deceive a reasonable person into believing that such item is authorized by any of the agencies described above for use by the person displaying or wearing it.*

*A person who falsely assumes or pretends to be a police officer and takes upon himself or herself to act as such, or to require any other person to aid or assist him or her in a matter pertaining to the duty of any such officer, **commits a felony.***

Any Explorer who improperly or illegally uses their badge, ID card, or uniform in any way other than allowed by the department and state law, **WILL BE CRIMINALLY CHARGED.**

By signing this agreement, the Police Explorer and parent/guardian agree they have read and understood this information. The Explorer agrees to wear their uniform only for Post functions and in accordance with Department policies. They further agree to wear their ID card and metal badge only with their official uniform, as allowed by Department policy.

Explorers are expressly prohibited from carrying their metal badge or ID card in a wallet, belt clip, neck holder, or by any other method than allowed by the Department.

I do hereby understand and agree to abide by the above regulations.

Signature of Parent/Legal Guardian

Date

Signature of Applicant

Date



LAKE CITY POLICE DEPARTMENT

Police Explorer Post 386



Hold Harmless Agreement

Whereas, _____ (age) _____ desires to observe members of the Lake City Police Department (LCPD) as they perform their duties, and where such observation may include such activities as riding within LCPD vehicles, or other duties that may entail situations where the undersigned may be injured or otherwise suffer damage to his /her person or property.

Now, therefore in consideration of the above granted authority, the undersigned, his or her assigned heirs, executors, or agents hereby agree to hold the Lake City Police Department and the City of Lake City harmless and agrees to indemnify said City of Lake City, Lake City Police Department, their agents, and employees from any and all claims, damages, losses and expenses (including any and all medical expenses) that may arise from the above described observation and related activities which is for bodily injury, illness, death or property damage including loss of use.

I also agree and understand the Hold Harmless Agreement will pertain to any and all related Explorer activities sponsored by the Lake City Police Department.

Signature of Parent/Legal Guardian

Date

Signature of Applicant

Date

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this ____ day of _____, 20 ____,
by _____.

(NOTARY SEAL)

(Signature of Notary Public-State of Florida)
(Name of Notary Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____



LAKE CITY POLICE DEPARTMENT

Police Explorer Post 386



Dues, Fees, and Deposit Agreement

The following payments and deposits are required as indicated below.

At the time of application, a **\$25.00 fee** is required. *This fee is non-refundable* and covers costs incurred for initial processing of the application, background check, and initial chartering and insurance fees.

At the time that an applicant who has been accepted into the post completes initial training and is scheduled to receive uniforms and equipment, a **\$25.00 deposit** is required. This deposit will be held until the Explorer separates from the Post. *If separation occurs within the first year, this deposit is not returned.* After a full year of service, at the time of separation, the deposit is returned less any costs of equipment repair or replacement.

If an Explorer separates from the Post and fails to return any equipment items, that Explorer will be financially responsible for the FULL REPLACEMENT of all lost, missing, defaced, or broken equipment and uniforms.

In addition to the above amounts, **\$5.00 dues are required to be paid each month**. These dues must be paid at the first meeting of each month. Dues collected in this manner cover ongoing Post expenses including Charter Fees, Insurance Fees, and annual youth and leader Registration Fees. An Explorer who does not pay their dues each month may not participate in any activities other than meetings for that month. **Explorers who are delinquent for more than three meetings, and make no effort to repay the past due amount, may be removed from the Post.**

Payments for the above items may be paid by cash, check, or money order. All non-cash payments should be issued to the "City of Lake City" with the memo line reading "Explorer Post 386".

The City of Lake City and the Lake City Police Department actively enforces and prosecutes Florida's Worthless Check Statutes. Violations include knowingly *issuing checks with insufficient funds, improperly stopping payment on issued checks, and issuing fraudulent checks.* In amounts over \$150.00 the violation is a **Third Degree Felony**.

I do hereby understand and agree to abide by the above regulations.

Signature of Parent/Legal Guardian

Date

Signature of Applicant

Date



LAKE CITY POLICE DEPARTMENT

Police Explorer Post 386



Photo Release

The Learning for Life Program takes photos at all events. In order to use the photos, we must have signed releases. Please read the release paragraph carefully, and then complete the form below.

For valuable consideration of _____ (Explorer name) I hereby give North Florida Council, Learning for Life, Inc., the Lake City Police Department, the City of Lake City, or their representatives, the irrevocable right and permission to use the photographs, video tapes, film, written materials, electronic representations and/or sound recordings of my child/myself, to use, publish and republish the same in whole or in part, and I hereby release and discharge North Florida Council, Learning for Life, Inc., the Lake City Police Department, and the City of Lake City, from all liability, demands and/or claims arising out of or in connection with such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs, video tapes, film, written materials, electronic representations and/or sound recordings without limitation at the discretion of North Florida Council, Learning for Life, Inc., the Lake City Police Department, and the City of Lake City, and I waive any right and/or claim whatsoever on my part.

I represent I am the (Father, Mother, or legal guardian) of the above Explorer and have read the above release and fully understand the contents thereof. Having done so, I hereby consent to the foregoing on my child's behalf.

Signature of Parent/Legal Guardian

Date

Signature of Applicant

Date

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this ____ day of _____, 20 ____, by _____.

(NOTARY SEAL)

(Signature of Notary Public-State of Florida)
(Name of Notary Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____



LAKE CITY POLICE DEPARTMENT

Police Explorer Post 386



CO² Pistol Training Waiver of Liability

Part of the training and activities in which the Police Explorers participate is marksmanship training and competition. This activity is optional, not mandatory. Marksmanship training is only conducted and supervised by a state certified firearms instructor in strict accordance with the guidelines established by the Boy Scouts of America and the Lake City Police Department

If you wish your child to participate in this CO² pistol training, then this Waiver of Liability Form must be signed and notarized. No Explorer will be permitted to participate until this form is completed, notarized and returned.

I, the undersigned parent/legal guardian of Explorer _____, give my permission for my son/daughter to participate in the CO² pistol training and competition as part of the Lake City Police Department Explorer Program.

As parent/legal guardian of this member applying to become an Explorer, I fully understand that even though strict safety rules will be enforced, injuries may occur. With this understanding, I give permission for my son/daughter to receive CO² training and further agree not to hold the Lake City Police Department, or the City of Lake City, or representatives liable for any injuries to them as a result of this training, including accident, illness, or other loss or harm suffered from this activity.

I understand this privilege may be terminated by any Explorer Post Advisor or Lake City Police Department if this Explorer fails to follow any instruction during training or competition.

Signature of Parent/Legal Guardian

Date

Signature of Applicant

Date

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____.

(NOTARY SEAL)

(Signature of Notary Public-State of Florida)
(Name of Notary Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____



LAKE CITY POLICE DEPARTMENT

Police Explorer Post 386



Firearms Training Waiver of Liability

The Lake City Police Department will conduct firearm familiarization training for the Explorers. An Instructor who is a certified Firearms Instructor will conduct training and strict safety rules will be enforced.

As a member of the Explorer Program and the Lake City Police Department, I fully agree to comply with all safety rules as explained to me. I further understand this training does not give me the authorization to carry firearms in any official capacity.

I, the undersigned parent/legal guardian of Explorer _____, give my permission for my son/daughter to participate in the firearms training as part of the Lake City Police Department Explorer Program.

As parent/legal guardian of this member applying to become an Explorer, I fully understand that even though strict safety rules will be enforced, injuries may occur. With this understanding, I give permission for my son/daughter to receive firearms training and further agree not to hold the Lake City Police Department, or the City of Lake City, or representatives liable for any injuries to them as a result of this training, including accident, illness, or other loss or harm suffered from this activity.

I understand this privilege may be terminated by any Explorer Post Advisor, Firearms Instructor, or the Lake City Police Department if this Explorer fails to follow any instruction during training or competition.

Signature of Parent/Legal Guardian

Date

Signature of Applicant

Date

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____.

(NOTARY SEAL)

(Signature of Notary Public-State of Florida)
(Name of Notary Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____



LAKE CITY POLICE DEPARTMENT

Police Explorer Post 386



Agreement for Return of Issued Property

This agreement, made and entered into by and between _____
 (Explorer), _____ (parent/guardian name) and the Chief of
 Police (or designee) for the City of Lake City.

Explorer member swears or affirms:

1. The Explorer and parent/legal guardian understand that uniforms and/or equipment provided by the Lake City Police Department Explorer Program are owned by, and are the property of, the City of Lake City.
2. The Explorer and parent/legal guardian understand that once the Explorer either leaves the program willingly or is dismissed for any other reason, the Explorer will return any and all equipment and uniforms back to the program, in serviceable condition, **within seven (7) calendar days** of the end of their participation within the Explorer Program.
3. The Explorer and parent/legal guardian understand by signing this agreement the Lake City Police Department may pursue any/all legal action required to recover loss of equipment and/or uniforms, if not returned to the Explorer Program. If the parent/legal guardian does not return the uniforms and/or equipment after this period, the Chief of Police shall have the option of instituting a civil action against the Explorer/parent/legal guardian to recover any costs associated with the loss of the uniforms and/or equipment, to include court costs and reasonable attorney's fees.

 Signature of Parent/Legal Guardian

 Date

 Signature of Applicant

 Date

 Signature of Chief of Police (or designee)

 Date