

**Egg Harbor Township**

**Law Enforcement Explorer Post #94**

Explorer Application Package

**Advisor Check List-**

Post Application: \_\_\_\_\_

Media/Talent Release: \_\_\_\_\_

Full Release/Hold Harmless: \_\_\_\_\_

Records Release: \_\_\_\_\_

Medical Summary: \_\_\_\_\_

L.F.L. Application: \_\_\_\_\_

Date Application Received: \_\_\_\_\_

Date of Applicant's First Post Meeting: \_\_\_\_\_

Date of Applicant Interview: \_\_\_\_\_

Applicant Accepted Into Program as Explorer Recruit: Yes \_\_\_\_\_ No \_\_\_\_\_

Advisor/ Explorer Post Officer Signature:

\_\_\_\_\_

# Egg Harbor Township

## Law Enforcement Explorer Post #94

### Explorer Application Package

#### **Requirements to become an Explorer:**

- Must be at least 14 years of age and no older than 20 years of age
- Must have graduated the 8<sup>th</sup> Grade
- Must maintain good grades in school (C average)
- Must be willing to regularly attend post meetings and details
- Must be of good moral character
- You DO NOT have to be a resident of Egg Harbor Twp.
- Candidates will be subjected to a background investigation

**Please answer every question and fill in every blank space neatly. Answer all questions honestly and to the best of your ability. If a question does not apply enter D.N.A. into the blank space.**

#### **Personal Information-**

Full Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License State and Number: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Grade: \_\_\_\_\_ School: \_\_\_\_\_

Are you Employed: \_\_\_\_\_ If so where: \_\_\_\_\_

If employed please provide your supervisors name and contact number:

\_\_\_\_\_

**Parent/Guardian Information (if under the age of 18)-**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Contact Number: \_\_\_\_\_

Parent/Guardian Occupation: \_\_\_\_\_

**Applicant Questionnaire:**

How did you find out about the Egg Harbor Twp. Police Explorer Post:

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What do you expect to gain by becoming a member of the Egg Harbor Twp. Police Explorer Post:

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What are your goals for the future (career goals, college, etc.):

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Have you ever been arrested (include both juvenile and adult arrests, an arrest will not necessarily disqualify an applicant)

Yes \_\_\_\_\_ No \_\_\_\_\_ (CHECK YES OR NO)

(if your answer is YES, please explain below, include the arresting agency and date of arrest)

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Have you ever been issued a traffic ticket

Yes \_\_\_\_\_ No \_\_\_\_\_ (CHECK YES OR NO)

(if your answer is YES, please explain below, include the issuing agency and date)

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Are you able to regularly attend Monday Night Post meetings and Explorer Post Details:

Yes \_\_\_\_\_ (ENTER INITIALS)

(to be considered for the ride along program and other explorer post activities 80% of all meetings and functions must be attended to be considered a full member of the Post)

Do you understand that all equipment issued to you by Explorer Post 94 must be turned in upon separation from the Post and failure to return such equipment will result in you being financially responsible for reimbursing the cost of said Post issued equipment:

Yes \_\_\_\_\_ (ENTER INITIALS)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Only If applicant is under the age of 18)

# Egg Harbor Township Police Department Explorer Post #94

## CONSENT TO RELEASE MEDIA TO NEWSPAPERS, TV

To publicize the achievement of our Explorers and the great work they do for our community, we occasionally publish our explorer's names, photographs, achievements and awards to local newspapers or TV. We may also post the information on the Explorer Web sites (traditional website and Facebook Page).

By signing this form I consent to having my child's photo, name, awards, and achievements, published in the newspapers/or newsletters, TV or Explorer Web sites.

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Print name (Explorer)

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Explorer Signature

Date

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Print name (Parent/Guardian)

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Parent/Guardian Signature

Date

## Egg Harbor Township Police Department Explorer Post #94

### FULL RELEASE/HOLD HARMLESS

I hereby request permission to participate in the Egg Harbor Township Police Department's Explorer Program. I understand that this training will involve active physical participation such as running, push-ups, sit-ups and various other physically demanding activities. The use of handcuffs, batons, firearms, and various other law enforcement equipment may also be utilized. The program also includes for selected and qualified Explorers, the opportunity to participate in the Ride Along Program, in which Explorers will Ride Along with an Egg Harbor Township Police Officer during the course of the Officer's patrol shift. This includes a **potential risk of personal injury and/or personal property damage**. I make this request with full knowledge of the possibility of personal injury and/or personal property damage. Further, I have read and understand the program guide that describes all class sections and the associated activities.

I agree to hold Explorer Post #94, The Egg Harbor Township Police Department, Township of Egg Harbor, Atlantic County Government, Atlantic County Fire Training Academy and Atlantic County Emergency Management, Atlantic County Department of Public Safety, Atlantic County Prosecutor's Office, Atlantic County Firing Range, Learning For Life, The Boy Scouts of America, and their agents, instructors and personnel, harmless from any and all claims, actions, suits, and/or injury that I may suffer and which may arise as a result of my participation in the above mentioned classes.

I agree to follow the rules established by the instructors, and to exercise reasonable care while participating in the Explorer program. I understand that if I fail to follow the instructor's rules and regulations or if I fail to exercise reasonable care, I can be administratively removed from the program.

By executing this release I certify that I have read this release in its entirety, understand all of its terms and have had any questions regarding the release or its effect satisfactory answered. I sign this release freely and voluntarily.

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Print name (Explorer)

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Explorer Signature

Date

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Print name (Parent/Guardian)

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Parent/Guardian Signature

Date

**Egg Harbor Township Police Department Explorer Post #94**

**RECORD RELEASE**

In order to get a good idea of the character of the individual applying for membership in the Egg Harbor Township Police Department's *Explorer Post 94*, we request that parents sign the release form below. This form releases all childhood records in the area of law enforcement history and enables the *Explorer Post* to make a fair decision on the applicant. Thank you for your cooperation.

I, the parent/guardian of \_\_\_\_\_ release all formal records of my son/daughter to the Egg Harbor Township Police Department's *Explorer Post 94*. I do also realize that these records are recognized as FULLY CONFIDENTIAL and will remain so. I understand that if the RELEASE FORM is not signed, my child may not be accepted into *Explorer Post 94*.

Please Print:

Child's Legal Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Print name (Explorer)

\_\_\_\_\_  
Explorer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name (Parent/Guardian)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Egg Harbor Township Police Department Explorer Post \$94**

**PERSONAL HEALTH AND MEDICAL SUMMARY**

To be completed by parent/guardian, or applicant if over age 18 (please print)

Applicant Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_  
Name of parent/guardian \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Home address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

If person above is not available in the event of an emergency. Notify:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_  
Name of personal physican: \_\_\_\_\_ Telephone \_\_\_\_\_  
Personal health/Accident Insurance Carrier \_\_\_\_\_ Policy# \_\_\_\_\_

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 and/or emergency medical responders summoned by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, injections, or medication for my child.

\_\_\_\_\_  
Parent/Guardian Date

Medical information past or present (please check)

Asthma \_\_\_\_\_ Yes \_\_\_\_\_ No Cancer \_\_\_\_\_ Yes \_\_\_\_\_ No



Convulsions \_\_\_\_ Yes \_\_\_\_ No

Hemophilia \_\_\_\_ Yes \_\_\_\_ No

Diabetes \_\_\_\_ Yes \_\_\_\_ No

High Blood Pressure \_\_\_\_ Yes \_\_\_\_ No

Heart Disease \_\_\_\_ Yes \_\_\_\_ No

Leukemia \_\_\_\_ Yes \_\_\_\_ No

Explanations: \_\_\_\_\_  
\_\_\_\_\_

List any conditions limiting full participation (Physical or Emotional)

\_\_\_\_\_  
\_\_\_\_\_

List Medicines: \_\_\_\_\_

List Allergies: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

List date of last inoculations for:

Diphtheria \_\_\_\_\_ Measles \_\_\_\_\_ Polio \_\_\_\_\_ Mumps \_\_\_\_\_

Rubella \_\_\_\_\_ Pertussis \_\_\_\_\_ Tetanus Toxiod \_\_\_\_\_

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