

REDMOND POLICE DEPARTMENT LAW ENFORCEMENT EXPLORER POST #2913

APPLICATION FOR EXPLORER UNIT MEMBERSHIP

INSTRUCTIONS:

Fill out this application completely and accurately. All statements in your application are subject to verification. Incorrect, misleading or false statements will result in your rejection. If space is inadequate, add another page and identify additional information by item number. Type or print all answers in black ink and all capital letters. If you have any questions, please contact an Explorer Advisor. Do not leave questions blank; write N/A if needed.

PERSONAL HISTORY:

1. Name:					
	(Last)	(Firs	it)	(Middle)	
2. Address: _					
	(Number)			City, State, Z	(ip)
3. Phone:					
	(Home)			(Cell)	
4. Email:					
5. With whor	n do you resid	e:			
6. Date of Bir					
	(MN	I/DD/YYYY)			
7. Place of Bi		State Country			
	(City	y, State, Countr	у)		
8. Height:	Wei	ght:	Hair Color: _	·	Eyes:
9. Social Sec	curity Number	: -	-		

0. Are you a U	J.S. Citizen?	Natural Born?	Naturalized?	
_	anizations, clubs and r have been associa	d associations of which yo	ou are or have been	a member, o
-				
12. What are you languages, etc.	our hobbies, special	skills, and abilities? Inc	lude any athletics, f	Coreign
FAMILY HIST	TORY:			
13. Give the na		member of your immediate] and siblings.	ate family: parents [biological,
13. Give the na	mes of every living	e] and siblings.	• •	
13. Give the natification of the form of the following step or was a second control of the following step of t	mes of every living hatever is applicabl	e] and siblings.	• •	
13. Give the natification of the form of the following step or was a second control of the following step of t	mes of every living hatever is applicabl	e] and siblings.	• •	
13. Give the natification of the form of the following step or was a second control of the following step of t	mes of every living hatever is applicabl	e] and siblings.	• •	
13. Give the natification of the form of the following step or was a second control of the following step of t	mes of every living hatever is applicabl	e] and siblings.	• •	
13. Give the na foster, step or w Name RESIDENCES	mes of every living hatever is applicabl Relationship :	e] and siblings.	Phon	e
13. Give the nate foster, step or we will have a second state of the nate of t	mes of every living hatever is applicabl Relationship :	e] and siblings. Address lived in the past five year	Phon	e
13. Give the nate foster, step or we have seen and moving backers.	mes of every living hatever is applicabl Relationship :: ses where you have k.	e] and siblings. Address lived in the past five year	Phones	e
13. Give the nate foster, step or we have seen and moving backers.	mes of every living hatever is applicabl Relationship :: ses where you have k.	e] and siblings. Address lived in the past five year	Phones	e
13. Give the nate foster, step or we have seen and moving backers.	mes of every living hatever is applicabl Relationship :: ses where you have k.	e] and siblings. Address lived in the past five year	Phones	e

WORK HISTORY:

Company Name	Address/Location	Job Title & Duties	Approx. Dates
unsatisfactory perfo	ormance? Yes No		b because of misconduct or
Nam		ity, State Appr	ox. Dates
High School:			
Jr/Middle:			
Elementary:			
18. Please list your include school phor	=	include a printed sche	edule, please remember to
Class	Instru	uctor Phon	e Number

19. Attach a copy of your most recent grade report or transcript to this application. If unable please explain why below. 20. Have you ever been expelled or suspended from any school, or have you ever received any official discipline by a school [detention, etc]? Yes: No: If yes, please explain:
CRIMINAL HISTORY: Answer all of the following questions completely and accurately. Any falsifications or misstatements of the fact will result in disqualification. 21. Have you ever been stopped and/or questioned by the police? Yes No
Answer all of the following questions completely and accurately. Any falsifications or misstatements of the fact will result in disqualification. 21. Have you ever been stopped and/or questioned by the police? Yes No
22. Have you ever been arrested, issued a criminal citation or had to go to court reference a police investigation? Yes No If yes, please explain:
23. Have you ever been required to pay a fine in excess of \$25.00? Yes No If yes, please explain:
24. Have you ever been placed on probation? Yes No If yes, please explain:

25. Have you ever used illegal drugs, including prescription drugs not prescribed to you? Yes No If yes, please explain:
26. Have you ever consumed alcoholic beverages? Yes No If yes, please explain:
27. Have you ever committed a crime but were not caught? Yes No If yes, please explain:
DRIVING HISTORY: 28. Do you possess a valid Washington Driver's License? Yes No
Include Instruction Permit License Number:
30. Has your license ever been placed on probationary status? Yes No Note: this is not referring to the Intermediate License. If yes, explain in detail:
31. Have you ever been involved in a motor vehicle collision? Yes No If yes, give details for each collision: date, location, injuries, investigating police agency if police responded, and cause of collision.

32. Have you ever received a traffic citation or warning? Yes No If yes, give details: police agency, date, offense. Include all written or verbal warning.	ngs.
MEDICAL HISTORY:	
33. Who is your family physician? Name primary care physician usually contacte consulted, or clinic to be contacted for records in case of emergency.	d or
Name of Physician / Clinic Address Phone	
34. List your medical insurance information in case of emergency:	
Company Address City, State, Zip Phone	
Policy # Subscriber #	
35. List any serious allergies and necessary treatment in case of exposure [i.e., epi	-pen]
OTHER:	
36. Do you object to wearing a uniform? Yes No	
37. Do you object to volunteering your time during evenings? Yes No	
38. Briefly, in your own handwriting, explain what your present occupational plan why you wish to join this organization.	s are and

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39. List three personal references who are many Name Address City, S		Email
1		
2		
3		
3		
40. Statement of Honesty and Fingerprin	t / Background Waiver:	
I understand that my prospective position we dependent upon the truthfulness and accurace am subject to termination if any statement in agree to conform to all rules and regulations Redmond Police Explorers.	ey of the statements contained hereing this application is false or misleadi	n, and that I ng. If hired I
I certify that I have read and understand the provided in this application is truthful to the		rmation
I consent to and authorize the Redmond Polincluding but not limited to a juvenile and coreference checks.	•	
Applicant Signature	Date	
Parent/Legal Guardian [If Under 18]	Date	

41. Waiver of Liability, Release of Claims and Indemnification

As consideration for being a member of the Redmond Police Explorers and therby being permitted to engage in Redmond Police Explorer activities which may further my or my child's education and knowledge of police activities;

I, the undersigned, hereby agree to indemnify and hold harmless the City of Redmond, its officials, officers, employees, agents and volunteers from any and all claims, injuries, or damages of any nature, sustained to my person or property which occur as a result of or during my or my child's accompanying members of the Redmond Police Department during their official duties, or during Redmond Police Explorer activities.

I further release and waive any and all claims and causes of action, including but not limited to actions based on negligence, which may arise against the City of Redmond, its officials, officers, employees, agents and volunteers, as a result of any injury to my or my child's person or property which occur as a result of or during my or my child's accompanying members of the Redmond Police Department during their official duties, or while engaging in any Redmond Police Explorer activity.

I further agree for myself, my heirs, executors, adminstrators and assigns, to defend and indemnify the City of Redmond, its officials officers, employees agents and volunteers, their sureties against any and all actions, suits, debts, claims, demands, damages, liability, or expenses of any kind incurred or arising by reason of any actual or claimed negligence or wrongful act or omission of mine or my child's while accompanying any City of Redmond official, officer, employee, agent and volunteer, or while engaging in any Redmond Police Explorer activity.

All parties signing below endorse the preceding three paragraphs as their own and represent that the waiver of liability, release of claims and indemnification is entered into a knowing an intelligent manner and pursuant to his or her free will.

Applicant's Signature	Date
Parent's Signature [If Under 18]	Date
Parent's Signature [If Under 18]	Date