Port St. Lucie Police Department
Explorer Post # 411

MEMBERSHIP APPLICATION

Name: _____ Nickname: _____

Address: _____ _____ _____ _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ E-Mail _____

Age: _____ Date of Birth: _____ Gender: Male / Female

What school do you attend? _____ Current Grade: _____

Have you ever been arrested? _____ If yes, give date, place, agency and offense: _____

_____

Have you ever been suspended or expelled from any school? _____ If yes, give date, reason, and name of school _____

How did you hear about the post? _____

Father's Name: _____ Mother's Name: _____

Father's work #: _____ Mother's work #: _____

Do you have access to a car? _____ Do you have a valid Driver's License? _____

D.L. Number: _____ State: _____ Expiration Date: _____

List all traffic violations received in the past three years: _____

Type of vehicle owned or driven by you: _____ Tag number _____

Has your license even been suspended? _____ If yes, give details: _____

_____

Do you have a job? _____ Company name, address, telephone # _____

_____

Description of your duties and responsibilities at your place of employment: _____

_____

Will you be able to attend most Explorer meetings, training, and activities? _____

Why do you want o join the post? _____

Personal Data

(Must be filled out completely)

Height: _____

Weight: _____

Hair color: _____

Eye color: _____

Place of birth: _____

Religious Preference: _____

Social Security Number: _____

List any other names you have used: _____

How long have you lived in Port St. Lucie? _____

Have you ever been listed as a runaway? _____

Have you even been a member of an Explorer Post before? _____

If yes: Post number _____ Location: _____

Name of family doctor: _____ Telephone: _____

Are you currently taking any prescribed medication? _____

If yes, please provide the name and dosage: _____

Do you have any allergies, physical defects, or emotional conditions which would preclude:

_____ Running _____ Swimming _____ Lifting

_____ Firearms Training _____Self defense training _____ other?

If yes, please explain: _____

_____

If there is any other information you think is pertinent to this application, please explain here:

_____

_____

_____

Port St. Lucie Police Department
Explorer Post # 411

FULL RELEASE

We, the undersigned Explorer Scout and Parent/Guardian, do hereby fully release the Port St. Lucie Police Department, and all the personnel thereof, from any and all liability arising out of their permission of Explorer Scout to ride and associate with the Port St. Lucie Police Department and all the personnel thereof as an observer.

We understand and appreciate fully that _____, may be subjected to hazardous situations which can cause serious bodily injury or death by associating with the Port St. Lucie Police Department, and all personnel thereof, as an observer.

Dated this _____day of _____, 20_____

_____	_____
Witness	Explorer Scout Signature
_____	_____
Witness	Parent/Guardian Signature

State of Florida
County of St Lucie
Sworn to and subscribed before me this _____ day of _____, 20_____

_____ My commission expires: _____
Notary Public

Port St. Lucie Police Department
Explorer Post # 411

RECORDS RELEASE

In order to gain a good idea of the character of the individual applying for membership in the Port St. Lucie Police Explorer Post # 411, we request that the applicant's 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 Port St. Lucie Police Explorer Post #411. 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 # 411.

_____
Child's Legal Name

_____ _____
Child's Date of Birth Child's County Birth Place

_____ _____
Parent/Guardian Signature Date

State of Florida
County of St Lucie
Sworn to and subscribed before me this _____ day of _____, 20_____

_____ My commission expires: _____

Notary Public

Port St. Lucie Police Department
Explorer Post # 411
Personal Health/Medical Summary

To be completed by parent/guardian – Please Print

Name: _____ Date of Birth: _____ Age: _____ Sex: _____

Name of Parent/Guardian: _____ Relationship: _____

Home Address: _____

Business Address: _____

Home Phone: _____ Work: _____ Cell: _____

If the person named above is no available in the event of an emergency, notify:

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Name of personal physician: _____ Phone: _____

Personal Health Insurance Carrier: _____ Policy #: _____

In case of an emergency, I understand every effort will be made to contact me. In the event that I cannot be reached, I hereby authorize the physician selected by the adult teacher/advisor in charge to secure proper treatment, including hospitalization, anesthesia, surgery, injections, or medications for my child.

_____ _____

Parent/Guardian Signature *Date*

Medical information past or present (please check all that apply)

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

Allergies

Food ___ Yes ___ No Plants ___ Yes ___ No Medicine ___ Yes ___ No Insect Bites ___ Yes ___ No
Explanation: _____

List any conditions limiting full participation (Physical or Emotional): _____

List any medicines you are currently taking: _____

List any special equipment: (glasses, contacts, orthopedic, etc.): _____

List the date of last immunization

Diphtheria _____ Measles _____ Polio _____ Mumps _____
Rubella _____ Pertussis _____ Tetanus Toxoid _____

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

Port St. Lucie Police Department
Explorer Post # 411

DRUG TESTING RELEASE

Be advised that Port St. Lucie Explorer Post # 411 has chosen to implement a random drug testing program similar to that of the Police Department. The Police Department has a legal responsibility and management obligation to ensure a safe work environment and protect the public trust and the integrity of the agency.

- Explorer Scout _____ (this applicant) affirms that he/she currently does not use illegal drugs or narcotics and does not abuse non-prescription or prescription drugs and are prepared to provide a statement by a licensed medical provider confirming this fact.
- The undersigned Explorer Scout and parent or guardian acknowledge that the Police Department or designated personnel will schedule random drug testing in include this Explorer Scout. The testing will be conducted by a licensed laboratory and may be administered without advanced notice.
- After the entrance testing, available with this application, the Police Department shall pay the cost of drug testing requested of the Explorer Scout initiated by this office.
- Within five days of the office receiving positive testing results, Explorer Scout and parent/guardian will be notified in writing. The Explorer Scout will be referred to counseling and/or rehabilitation and suspended from the post activities until two consecutive tests return negative results.
- The Police Department will not assume financial responsibility for any cost of treatment or testing during the suspension period.
- Refusal to comply with drug testing request will result in immediate termination of membership in the post.
- We, the undersigned Explorer Scout and parent/guardian, hereby acknowledge that the Port St. Lucie Police Department has advised us of their random drug testing policy to abide by the police and procedures.

Dated this _____day of _____, 20_____

_____ _____
Witness Explorer Scout Signature

_____ _____
Witness Parent/Guardian Signature

State of Florida
County of St Lucie
Sworn to and subscribed before me this _____ day of _____, 20_____

_____ My commission expires: _____
Notary Public

Port St Lucie Police Department
Explorer Post # 411

FIREARMS TRAINING PERMISSION/LIABILITY RELEASE

Part of the training and activities the Explorers participate in is marksmanship training and competition. This activity is optional, not mandatory. Marksmanship training is only conducted and supervised by state certified firearms instructors in strict accordance with guidance established by the Boy Scouts of America and National Rifle Association. Explorers will be firing police revolvers, using live .38 caliber ammunition.

If you wish you child to participate in this program, the Release of Liability/Permission Form must be signed and notarized. No explorer will be permitted to participate until this form is returned.

I, _____, the undersigned parent/guardian of Explorer Scout _____, give permission to my son/daughter to participate in firearms training/competition with Explorer Post # 411.

I further agree to hold harmless the Port St. Lucie Police Department, including any of its employees, agents, or other representatives, from any accident, illness, injury, or other loss or harm suffered from this activity.

I understand that the Explorer Post or agent of the Port St. Lucie Police Department may terminate this privilege if the explorer fails to follow any instructions during the training or competition.

_____ _____
Parent/Guardian Printed Name Date

_____ _____
Parent/Guardian Signature Date

State of Florida
County of St Lucie
Sworn to and subscribed before me this _____ day of _____, 20_____

_____ My commission expires: _____
Notary Public

Port St Lucie Police Department
Explorer Post # 411

CO2 TRAINING
PERMISSION/LIABILITY RELEASE

Part of the training and activities the Explorers participate in is CO2 training and competition. This activity is optional, not mandatory. CO2 training is only conducted and supervised by state certified Chemical Agents Instructors in strict accordance with guidance established by the Boy Scouts of America and the Port St. Lucie Police Department.

If you wish you child to participate in this program, the Release of Liability/Permission Form must be signed and notarized. No explorer will be permitted to participate until this form is returned.

I, _____, the undersigned parent/guardian of Explorer Scout _____, give permission to my son/daughter to participate in CO2 training/competition with Explorer Post # 411.

I further agree to hold harmless the Port St. Lucie Police Department, including any of its employees, agents, or other representatives, from any accident, illness, injury, or other loss or harm suffered from this activity.

I understand that the Explorer Post or agent of the Port St. Lucie Police Department may terminate this privilege if the explorer fails to follow any instructions during the training or competition.

_____ _____
Parent/Guardian Printed Name Date

_____ _____
Parent/Guardian Signature Date

State of Florida
County of St Lucie
Sworn to and subscribed before me this _____ day of _____, 20_____

_____ My commission expires: _____
Notary Public

Port St Lucie Police Department
Explorer Post # 411

CONFIDENTIAL AGREEMENT

I hereby make application to Explorer Post # 411 *Applicant's Initials* _____

I understand that certain rules and regulation apply to all members and agree to abide by them. *Applicant's Initials* _____

I understand that I may come across information that may be confidential in nature. I agree to keep it that way. *Applicant's Initials* _____

I understand that if I do anything that is contrary to the Bi-Laws governing the post, resulting in embarrassment for the post, the office, or the Department, my membership will be terminated. *Applicant's Initials* _____

I swear that I have not provided any information that is deliberately misleading, dishonest, or deceptive in the application. *Applicant's Initials* _____

_____ _____
Applicant Signature Date

_____ _____
Parent/Guardian Signature Date

For Office Use Only	
Date of First Meeting	
Date Application Received	
Investigator Assigned	
Investigation Findings	
Attached NCIC Records (if applicable)	
Date Member Voted	
Accepted	
Rejected	
Date Applicant Notified	

Port St Lucie Police Department
Explorer Post # 411

MEMBERSHIP ESSAY

Please write a 350 word essay addressing:

- Why you want to be an Explorer and how you think you will benefit from being a member of this Post
- How you will be dedicated to the Port St. Lucie Police Explorer Post # 411
- What you have to offer to Port St. Lucie Police Explorer Post # 411
- What type of law enforcement training you would like to see the Post participate in

This essay is due when your application is turned in.

Port St Lucie Police Department
Explorer Post # 411

INTEREST SURVEY

Please check those activities, tour, projects, and seminars that you would like the Post to plan as part of its program.

___ Air Force Base
___ Assist "Get out the Vote" Campaign
___ Automobile Plant
___ Beach Party
___ Bowling
___ Conduct a Cleanup Campaign
___ Court Session
___ Council/District Projects
___ Diet and Nutrition
___ Family Picnic
___ Fire Safety
___ Gourmet Cooking
___ Hobby Smorgasbord
___ Hair Styling
___ Ice-Skating
___ Leisure-Time Sports
___ Local Industry
___ Military Careers
___ Operating a Recycling Center
___ Olympic Sports
___ Participate/College Panel
___ Parent's night
___ Police Station
___ Public Skating
___ River Rafting
___ Roller Skating
___ Snorkeling/SCUBA Diving
___ Sports Medicine
___ Spaghetti Dinner
___ Swim Meet
___ Train Trip
___ Winter Camping Trip
___ Other: _____

___ Airplane ride
___ Assist Handicapped Citizens
___ Backpacking
___ Bike Hike
___ Career Clinic
___ Conservation Project
___ CPR Training
___ Dance
___ Drug Abuse/Alcoholism
___ Family Sports Day
___ First Aid Training
___ Halloween Party
___ Horseback Riding
___ Hospital Volunteers
___ Inter-Post Activities
___ Leadership Skills
___ Local Offices/Elected Officials
___ Morality
___ Organizing a car wash
___ Organize a Band
___ Plan a slide show
___ Photography
___ President's Fitness Test
___ Rifle Marksmanship Meet
___ Road Rally
___ Sailing
___ Senior Citizen Organizations
___ Sports Safety
___ Sports Tournament
___ Trace history of Post Members
___ United Way Campaign
___ Work on a hiking Trail
___ Other: _____

___ Airport
___ Auto Mechanics
___ Barbecue Party
___ Block Party
___ Child Care
___ Council/District Activity
___ Civil Defense
___ Dealing with People
___ Easter Egg Hunt for Kids
___ Fashion Show
___ Fishing
___ Have a Post Reunion
___ How to buy a car
___ Hunting Safety
___ Job-Interview Skills
___ Local College or Univ.
___ Mock Trial
___ Operating a Ham Radio
___ Orienteering
___ Pancake Breakfast
___ Put on a play
___ Planetarium
___ Progressive Dinner
___ Recognition Dinner
___ Rock Climbing
___ Ski Weekend
___ Sponsor "Summer Job"
___ Swimming/Lifesaving
___ Study the history of PSL
___ TV Station
___ Weather Bureau
___ Write a Newsletter
___ Other: _____

Port St. Lucie Police Explorer Post #411 and the Port St Lucie Police Athletic League, Inc.

I hereby assign and grant the Port St. Lucie Police Department, the City of Port St. Lucie, the Port St. Lucie Police Athletic League, Inc. or its affiliates the right to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by the Port St. Lucie Police Department, the City of Port St. Lucie, the Port St. Lucie Police Athletic League, Inc. or their affiliates, and I hereby release the Port St. Lucie Police Department, the City of Port St. Lucie, the Port St. Lucie Police Athletic League, Inc. or its affiliates from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Port St. Lucie Police Department, the City of Port St. Lucie, the Port St. Lucie Police Athletic League, Inc. or its affiliates, and I specifically waive any right to any compensation I may have for any of the forgoing.

Participant's name _____
(PRINT FULL NAME)

Participant's signature _X_____

Parent/guardian's name _____
(PRINT FULL NAME)

Parent/guardian's signature _X_____

Executive Advisor signature _____
(Witness)

Date _____