

LIVINGSTON POLICE DEPARTMENT EXPLORER PROGRAM



APPLICATION FORM



(Please complete in blue or black ink pen only)

NAME: _____ DATE OF BIRTH: _____

AGE: ____ SEX: ____ HEIGHT: ____ WEIGHT: ____ HAIR: ____ EYES: ____

DRIVERS LICENSE NUMBER: _____ CITIZENSHIP: _____

ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

NAME OF SCHOOL AND ADDRESS: _____

GRADE: ____ CURRENT G.P.A: ____ SCHOOL COUNSELOR: _____

MOTHER/ GUARDIAN NAME: _____

ADDRESS: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

PLACE OF EMPLOYMENT: _____ PHONE NUMBER: _____

FATHER/ GUARDIAN NAME: _____

ADDRESS: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

PLACE OF EMPLOYMENT: _____ PHONE NUMBER: _____

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:

LIST ANY ORGANIZATION OR CLUB YOU ARE CURRENTLY A MEMBER OF:

WHAT IS YOUR CAREER GOAL?

WHAT ARE YOUR EXPECTATIONS OF THE L.P.D. EXPLORER PROGRAM?

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

CERTIFICATION:

I understand that the portion of this form is subject to examination by the LIVINGSTON POLICE DEPARTMENT. I acknowledge that all of the information contained will be used solely for law enforcement purposes to determine my suitability as an LPD 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 LIVINGSTON POLICE DEPARTMENT.

APPLICANT SIGNATURE: _____

DATE: _____

PARENT/ GUARDIAN SIGNATURE: _____

DATE: _____

AUTHORIZATION OF RELEASE OF INFORMATION:

As an applicant for the LIVINGSTON 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 LIVINGSTON POLICE DEPARTMENT.

APPLICANT SIGNATURE: _____

DATE: _____

PARENT/ GUARDIAN SIGNATURE: _____

DATE: _____

ACKNOWLEDGEMENT:

I hereby acknowledge that if I am selected as a LIVINGSTON 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: _____



LIVINGSTON POLICE DEPARTMENT EXPLORER
Post 518



Participant Waiver

NAME: _____
Last First Middle

ADDRESS: _____
Number Street City Zip

PHONE: () _____ **AGE:** _____ **DOB:** _____

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

Allergies to drugs or foods: _____

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:** _____

VIDEO PHOTO RELEASE

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

AUTHORIZATION TO TREAT A MINOR

I, the parent of the legal guardian, of the child listed above, do herby 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 the Medical Practice Act or a Dentist licensed under the provisions under the Dental Practice Act and on the staff of any acute general hospital or emergency care facility holding a current license to operate a hospital or emergency care facility from the State of California Department of Public Health. I understand that this authorization is given in advance of any specific diagnosis, 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's, but any of the above treatment will not be withheld if I cannot be reached. This authorization is given pursuant to the provisions of the California Civil Code. This consent shall remain in effect until 31 December 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 Livingston Police Department Explorer Program, I and my child hereby agree to assume all risks attendant upon myself and my child while participating in any Livingston 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 child's participation in the Livingston Police Department Explorer Program or activity. I agree to indemnify and hold harmless from liability the Livingston 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 the Livingston Police Department Explorer Program and/or activity. The release is intended to discharge in advance the Livingston 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 Livingston 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 cause by me or my child while participating in the Livingston Police Department Explorer Program and/ or activities.

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

X _____

PRINT NAME OF PARTICIPATING CHILD

X _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE