

Mother's Name: _____

Address: _____ City: _____ Zip: _____

Date of Birth: ____ / ____ / ____ Home Phone: _____

E-Mail Address: _____ @ _____

Place of Employment: _____

Work Address: _____ Work Phone #: _____

Position: _____

Father's Name: _____

Address: _____ City: _____ Zip: _____

Date of Birth: ____ / ____ / ____ Home Phone: _____

E-Mail Address: _____ @ _____

Place of Employment: _____

Work Address: _____ Work Phone #: _____

Position: _____

High School Information

High School: _____ City: _____

High School: _____ City: _____

Counselor: _____ Phone: _____

Diploma or GED Equivalent: Y N Year: _____

Higher Education

College / University: _____ City: _____

College / University: _____ City: _____

Accumulated Hours as of Today: _____ GPA: _____

Degree: Y N If Yes, please explain: _____

Tomball Police Department

Explorer Post #5451

Awards Earned: _____

Organizations Involved With (past & present): _____

I first heard about the Explorers: _____

I would like to become an Explorer so I can: _____

In 5 years I see myself: _____

In 10 years I see myself: _____

My concern in joining the Explorers is: _____

My "dream" job would be: _____

Tomball Police Department

Explorer Post #5451

Name of Applicant: _____

Legal History

TRAFFIC

If you have ever received any traffic violation citations, list them below and give a detailed explanation of the disposition (*i.e.* – *guilty, not guilty, community service, probation, defensive driving, etc.*). **If this section is not applicable mark "N/A".**

Charge (Ticket)	Date	City	State	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CRIMINAL OFFENSES

List any criminal offense(s) that you have been under investigation for and/or charged with. All applicants will undergo a criminal history check. Give a detailed explanation of any such investigations / charges and the final disposition (*i.e.* – *guilty, not guilty, community service, probation, defensive driving, etc.*). **If this section is not applicable mark "N/A".**

Offense (Charge)	Date	City	State	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I do hereby attest and affirm that the information given above is a complete and true account to the best of my knowledge. I understand that any omissions will be grounds for revocation of this application. I further understand that if an omission is discovered after acceptance in the Post, I will be dismissed from the post.

Printed Name

Date

Signature

Tomball Police Department

Explorer Post #5451

Name of Applicant: _____

References

The Post Advisor will contact a maximum of four references after the applicant returns the completed application form(s) and attached materials. Additional references may be required if you are presently or have ever been a member with another Explorer Post. A letter will be sent to the Principal of all high school students for verification of enrollment. **References may not be a relative or an Explorer in the post for which you are applying for membership.**

Name: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Phone #: _____ E-Mail Address: _____@_____

Name: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Phone #: _____ E-Mail Address: _____@_____

Name: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Phone #: _____ E-Mail Address: _____@_____

Name: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Phone #: _____ E-Mail Address: _____@_____

Name: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Phone #: _____ E-Mail Address: _____@_____

Tomball Police Department
Explorer Post #5451

Name of Applicant: _____

Statement of Consent and Limitation of Liability

I, (Name of Applicant) _____ desire to participate in a Law Enforcement Explorer program being conducted by the Tomball Police Department and Chartered through the Boy Scouts of America's Exploring program.

In consideration of the permission granted to me by the City of Tomball, Harris County, Texas, to accompany, observe and otherwise associate with on-duty peace officers and civilian employees of the Tomball Police Department as part of the Law Enforcement Explorer Post Program, I/We hereby waive all claims of damages or loss to the above named person or property which may be caused directly or indirectly by an act or omission of the City of Tomball, its peace officers, agents or employees. I/We assume the risk of all dangerous conditions or occurrences associated with the participation in the Explorer program. I/We further discharge the City of Tomball and the Tomball Police Department, their peace officers, agents and volunteers, whether real or asserted, of every nature, kind and character whatsoever arising out of said Explorer Post association and do hereby covenant not to sue.

To be completed if you are 18 yrs. of age or older

Name of Applicant

Signature of Applicant

Name of Witness

Signature of Witness

To be completed if you are under 18 yrs. of age

Name of Applicant

Signature of Applicant

Name of Parent

Signature of Parent

Subscribed and sworn to before me this _____ day of _____ 20_____

(Public Notary)

My Commission Expires:

Tomball Police Department
Explorer Post #5451

Name of Applicant: _____

Medical Release

Name of Applicant: _____ has my permission to participate in the Tomball Police Department Explorer Post program.

I know of no health or fitness restriction(s) that preclude his/her participation. In the event of illness or injury occurring to my son or daughter while involved in Explorer activities, I consent to X-ray examination, anesthesia, medical and/or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the attending physician and performed by or under the supervision of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury and I cannot be contacted, I hereby grant the Tomball Police Department permission to consent to necessary and appropriate medical treatment. I further understand that all reasonable efforts to contact me will be attempted.

To be completed if you are 18 yrs. of age or older

_____ Name of Applicant	_____ Signature of Applicant
_____ Name of Witness	_____ Signature of Witness

To be completed if you are under 18 yrs. of age

_____ Name of Applicant	_____ Signature of Applicant
_____ Name of Parent	_____ Signature of Parent

Subscribed and sworn to before me this _____ day of _____ 20_____

(Public Notary)

My Commission Expires:

Tomball Police Department
Explorer Post #5451

Name of Applicant: _____

Hepatitis-B Declination
For Post Youth and Adult Volunteers

I understand that due to my voluntary participation in Exploring activities, I may be exposed to blood and /or other potentially infectious materials, and may therefore be at risk of acquiring Hepatitis-B (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis-B vaccine:

At my expense At a reduced cost At no charge to me

However, I decline the Hepatitis-B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis-B, which is a serious disease. If, in the future, I continue to participate in post activities with exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis-B vaccine, I can receive the vaccination series (check one):

At my expense At a reduced cost At no charge to me

To be completed if you are 18 yrs. of age or older

Name of Applicant

Signature of Applicant

Name of Witness

Signature of Witness

To be completed if you are under 18 yrs. of age

Name of Applicant

Signature of Applicant

Name of Parent

Signature of Parent

Subscribed and sworn to before me this _____ day of _____ 20_____

(Public Notary)

My Commission Expires:

Tomball Police Department

Explorer Ride-Along Authorization and Release

Name: _____ Address: _____

City/State/Zip Code: _____ D.O.B.: _____

Assumption of Risk and Release of All Claims

KNOWN ALL MEN BY THESE PRESENTS: That I, _____, being desirous of being permitted to travel as a passenger/observer in a vehicle while it is being used by an officer of the police department of the City of Tomball in the performance of the police functions of said city in carrying out his or her duties and assignments and fully realizing that in so doing, I may expose myself to the extraordinary dangers and hazards which may arise in connection therewith, do hereby knowingly assume all such risks and in consideration of being permitted to travel as a passenger as aforesaid, do hereby release and forever discharge the City of Tomball, a municipal corporation, its successors, agents, servants, and employees from any and all claims, demands, damages, actions, and causes of actions, whatsoever, which I, my heirs, or personal representatives may ever have arising out of, by reason of, or in any manner have grown out of any injuries or damage sustained by me by reason of any accident or other occurrence resulting from traveling as a passenger/observer in any City of Tomball Police vehicle for the purposes of aforementioned. I further understand and agree that I am fully aware that if I do not execute this assumption of risk and release I will not be permitted to travel as a passenger as aforesaid.

In witness whereof, I have set my hand this _____ day of _____ 20_____.

To be completed if you are 18 yrs. of age or older

_____ Name of Applicant	_____ Signature of Applicant
_____ Name of Witness	_____ Signature of Witness

To be completed if you are under 18 yrs. of age

_____ Name of Applicant	_____ Signature of Applicant
_____ Name of Parent	_____ Signature of Parent

Subscribed and sworn to before me this _____ day of _____ 20_____

(Public Notary)

My Commission Expires: