

DUNWOODY POLICE EXPLORERS

Internal Memorandum

To: All New Applicants
From: Officer W. R. Furman, Post Advisor
Regarding: Application Packet

This is a memo explaining what should be in this packet and brief descriptions on how to fill it out.

NOTICE: YOU MUST HAVE THIS PACKET COMPLETED AND RETURNED WITHIN ONE WEEK AFTER RECEIVING IT IN ORDER TO COMPLETE THE ENTRY PHASE.

NOTICE: PRINT ALL INFORMATION NEATLY AND CLEARLY ON THE FORMS. USE BLUE OR BLACK INK ONLY.

CONTENTS IN PACKET:

New Applicant Information	Page 2
Medical Release Form	Page 3
Hold Harmless and Release Form	Page 4
Phone List Information	Page 5
Emergency Information Form	Page 6-8
Photo ID Form	Page 9
Application For Entry Form	Page 10-15
Background Check Consent Form	Page 16

WHAT TO DO WITH WHAT

New Applicant Information	Read/Sign and Parent/Guardian Sign
Medical Release Form	Parent/Guardian Sign and Notarize
Hold Harmless and Release Form	Parent/Guardian Sign and Notarize
Phone List Information	Complete
Emergency Information Form	Complete
Photo ID Form	Complete
Application For Entry Form	Complete and Sign
Background Check Consent Form	Parent/Guardian Sign and Notarize

All forms and documents must be completed upon turning in this packet.

DUNWOODY POLICE EXPLORERS

New Applicant Information

The following guidelines are to be followed by new applicants to the Dunwoody Police Department.

1. Members of the Dunwoody Police Explorers exemplify the standards of the Dunwoody Police Department. Only applicants with no criminal background need apply.
2. Explorers have regular scheduled meetings on Wednesday from 6:00 p.m. to 8:30 p.m.
New applicants must attend four consecutive meetings before membership to the Post can be approved.
3. Applicants must fill out this application entirely and turn in \$50.00 nonrefundable fee before becoming a member of the Dunwoody Police Explorers. A nominal deposit may be required for certain gear.
4. Uniforms will be issued to the applicant only when the Post Advisor sees that the applicant meets the standards of the Dunwoody Police Department and Police Explorers determine it. All uniforms, id cards, patches, or any other gear issued by the Dunwoody Police Department shall be the soul property of that Department. The transfer, selling, or alteration of that property is strictly prohibited.
5. All uniforms, Identification cards, patches, or any other equipment must be returned to the Post within fourteen days of separation or termination from this Post. Failure to return all property within thirty days of separation will result in criminal charges being filed against the former Explorer and/or Parents.
6. It is the responsibility of the new applicant to return all of the items indicated in Chapter 6.00.00 of the S.O.P. to the Post Advisor.
All new applicants will be issued and must familiarize themselves with the Dunwoody Police Explorer S.O.P. and abide by its guidelines. Failure to do so would result in disciplinary action or termination from the Post.
7. New applicants must be at least fourteen years old and in high school. The applicant is required to maintain a satisfactory GPA of 2.0 or higher.
8. All Explorers are subject to a partial or complete medical examination by a Physician.
9. All Explorers are subject to a drug-screening test at any time while a member of this program.

New Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

DUNWOODY POLICE EXPLORERS

Medical Release Form

The undersigned, parents or guardians of _____, authorize a member of the Dunwoody Police Explorer, the Dunwoody Police Department, and/or one of the Advisors of the Dunwoody Police Explorer, to treat for injuries. This is to include transport and/or care at the local medical facility.

This form is for all activities the above Explorer will participate in with the Dunwoody Police Explorer. This authorization will remain effective until written withdraw of consent or termination from Post.

This form must be filled out entirely for an applicant to be considered for entry into the program.

Printed Parent or Guardian's Name

Date

Parent or Guardian's Signature

Insurance Company

Notary

Insurance Policy Number

Name of Insured

DUNWOODY POLICE EXPLORERS

Phone List Information

Name: _____

Last

First

Middle Initial

Address: _____

Number

Street

Apt#

City

State

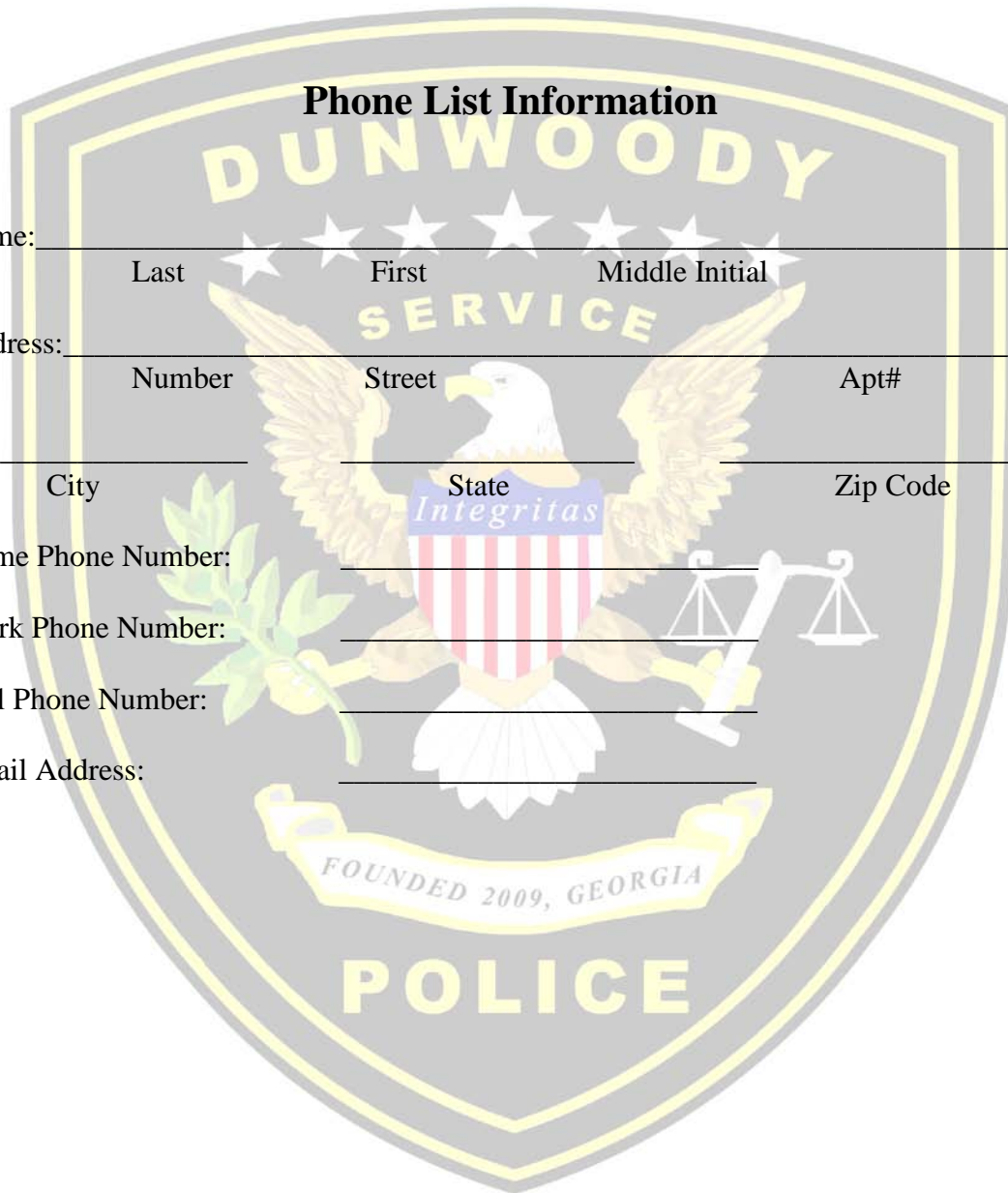
Zip Code

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Email Address: _____



DUNWOODY POLICE EXPLORERS

Emergency Information Form

Name: _____

Last

First

Middle

Address: _____

Number

Street

Apt #

Phone Numbers: _____

Home

Work

Cell

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____

Insurance Company: _____

Policy Number: _____

Primary Card Holder's Name: _____

Parent(s) and/or Guardian(s): _____

Father/Male Guardian

Mother/Female Guardian

Father/Male Guardian

Mother/Female Guardian

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Continued Next Page

Must provide at least two emergency contacts:

Emergency Contact 1:

Name: _____ Relation: _____

Home: _____ Work: _____

Cell: _____

Emergency Contact 2:

Name: _____ Relation: _____

Home: _____ Work: _____

Cell: _____

Emergency Contact 3:

Name: _____ Relation: _____

Home: _____ Work: _____

Cell: _____

Emergency Contact 4:

Name: _____ Relation: _____

Home: _____ Work: _____

Cell: _____

Medical History:

Have you ever been hospitalized? YES NO

If YES, please explain:

Do you currently take any long-term medication? YES NO

If YES, please explain:

Do you suffer from any medical conditions? YES NO

If YES, please explain:

Continued Next Page

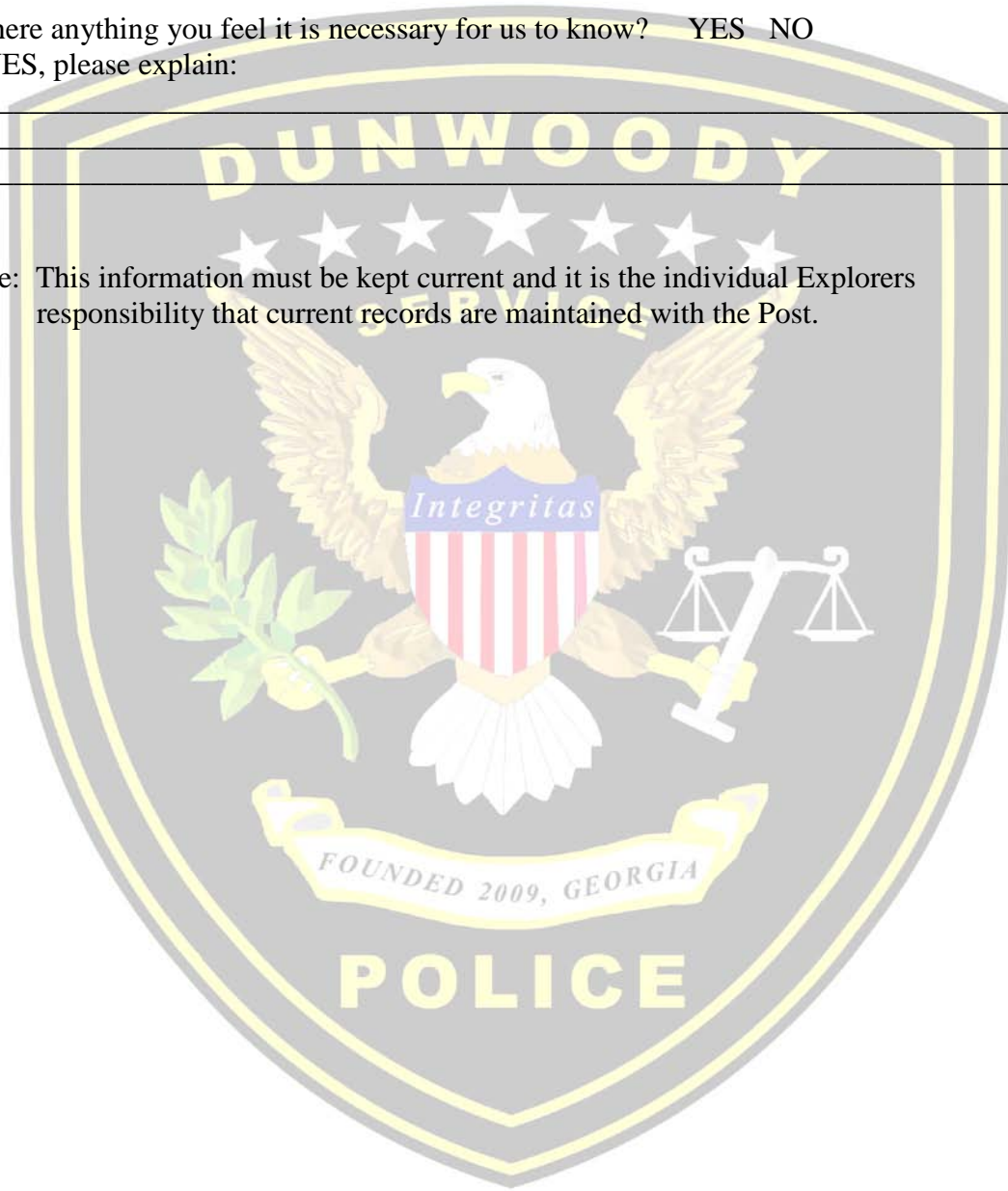
Are you allergic to anything? YES NO

If YES, please explain:

Is there anything you feel it is necessary for us to know? YES NO

If YES, please explain:

Note: This information must be kept current and it is the individual Explorers responsibility that current records are maintained with the Post.



DUNWOODY POLICE EXPLORERS

Application for Entry

Personal Information:

Name: _____

 Last First Middle

Address: _____

 Number Street Apt #

 City State Zip Code County

Phone Numbers: _____

 Home Work

 Cell

Social Security Number: _____

Driver License Number: _____

Circle: Male Female Race: _____

Date of Birth: _____ Age: _____

School: _____ Grade: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

Email Address: _____

Do you speak any other language beside English? YES NO

If YES, please explain: _____

Continued Next Page

List all organizations, clubs, and associations, which you are currently participating with:

What are your hobbies, special skills, abilities and/or achievements?

Are you currently employed? YES NO

If YES, with whom: _____

Supervisors Name

Work Address

Job Title: _____ How long employed: _____

Days/Hours you work: _____

Would your job interfere with your explorer duties? YES NO

IF YES, please explain how: _____

Have you ever been detained by the police? YES NO

If YES, please explain: _____

Have your ever been charged or convicted of a crime or juvenile offense? (Do not include traffic violations) YES NO

If YES, please explain: _____

List all traffic citations that you have received:

Location (Dept)	Approx. Date	Nature of Violation	Penalty	Disposition
-----------------	--------------	---------------------	---------	-------------

Continue Next Page

List your career and education goal(s):

References: (NO Immediate Family Members)

Reference 1:

Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____

Reference 2:

Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____

Reference 3:

Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____

Who recommended you for the Explorer Program or how did you hear about it?

Are you a U.S. citizen? YES NO

If NO, please explain why and if you are planning to be one:

Have you ever participated in the Boy Scouts or Girl Scouts? YES NO

If YES, what was your rank? _____

Have you ever been terminated from another Explorer post or any Boy Scouts of America organization? YES NO

If YES, please explain when, why and by whom: _____

Continued Next Page

Do you smoke cigarettes? YES NO

Do you chew tobacco? YES NO

Have you ever done drugs? YES NO

If YES, please explain when and what: _____

Have you ever consumed alcohol? YES NO

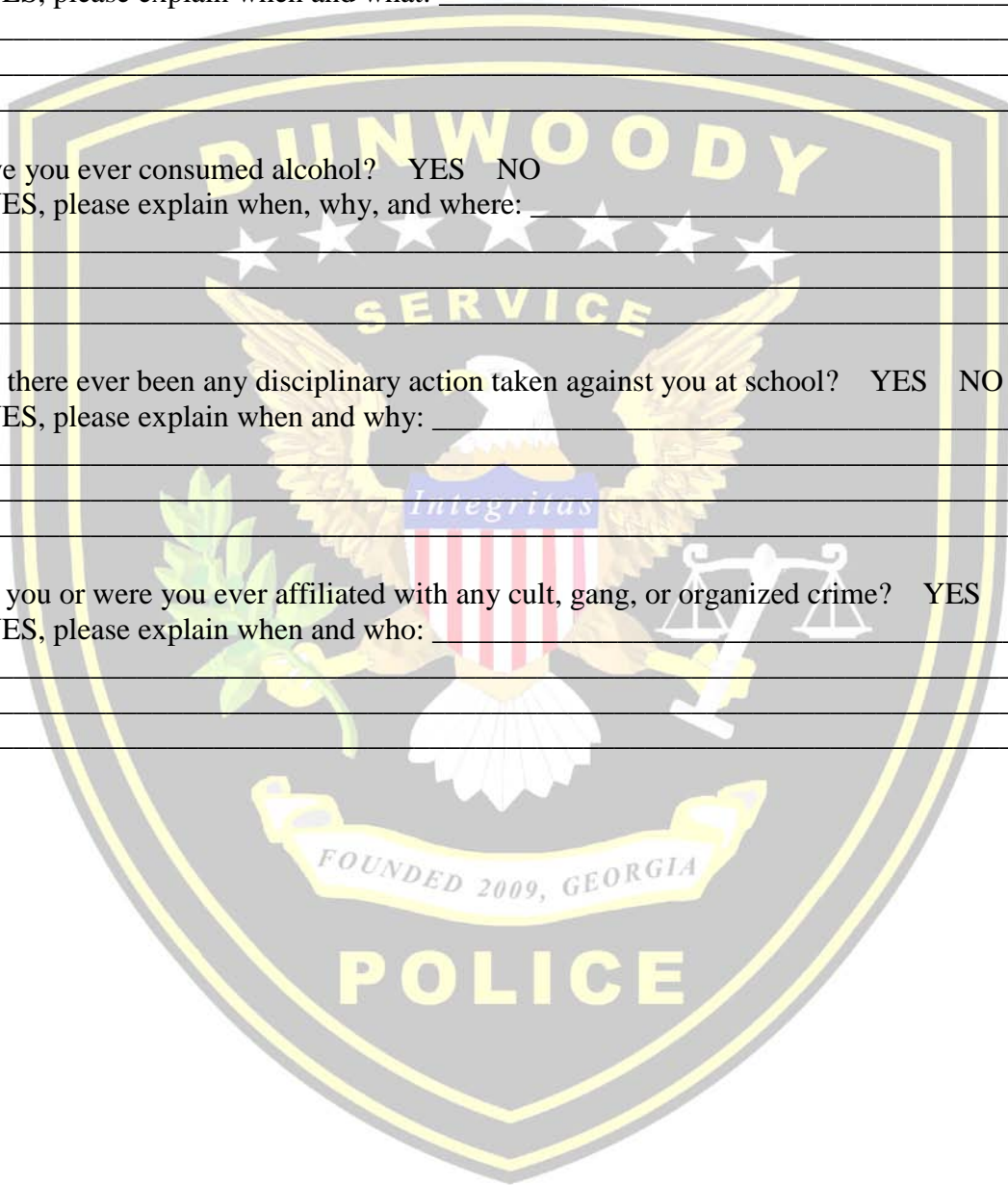
If YES, please explain when, why, and where: _____

Has there ever been any disciplinary action taken against you at school? YES NO

If YES, please explain when and why: _____

Are you or were you ever affiliated with any cult, gang, or organized crime? YES NO

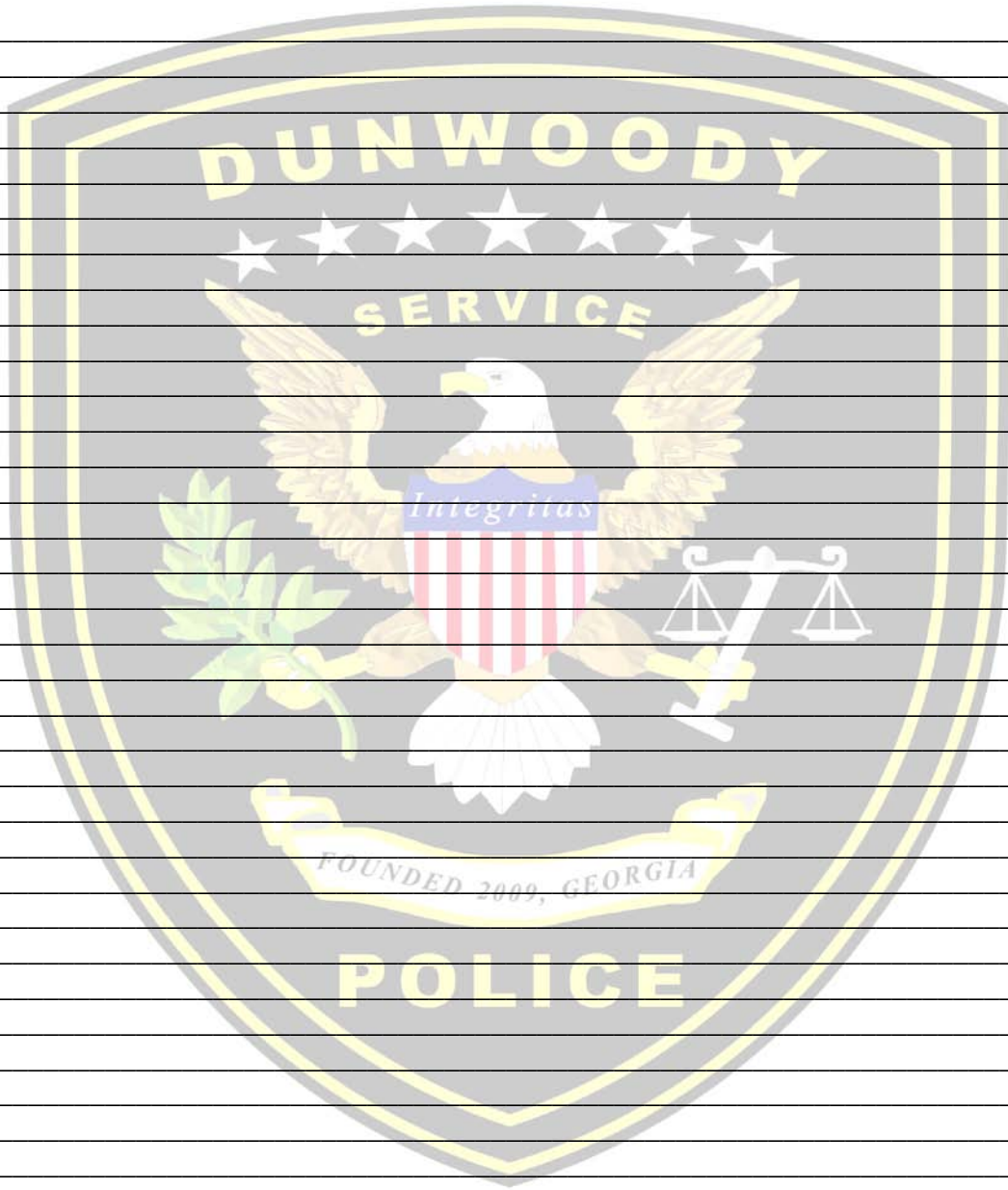
If YES, please explain when and who: _____



Continued Next Page

Short Essay: (Print Legibly or Type)

Explain to us why you want to be a Dunwoody Police Explorer, what do you think this program is about, and what you expect to gain from the explorer program. Minimum 150 words.



FOR MORE ROOM USE ANOTHER SHEET AND ATTACH

Please read and sign:

All information that I have given on this application is the truth and it contains no falsification or misrepresentations, I also understand that any falsehood or half-truth discovered by the Dunwoody Police Department will be grounds for termination or denial into the explorer program. I also understand that all the information contained in this application will be held confidential.

Applicant's Signature

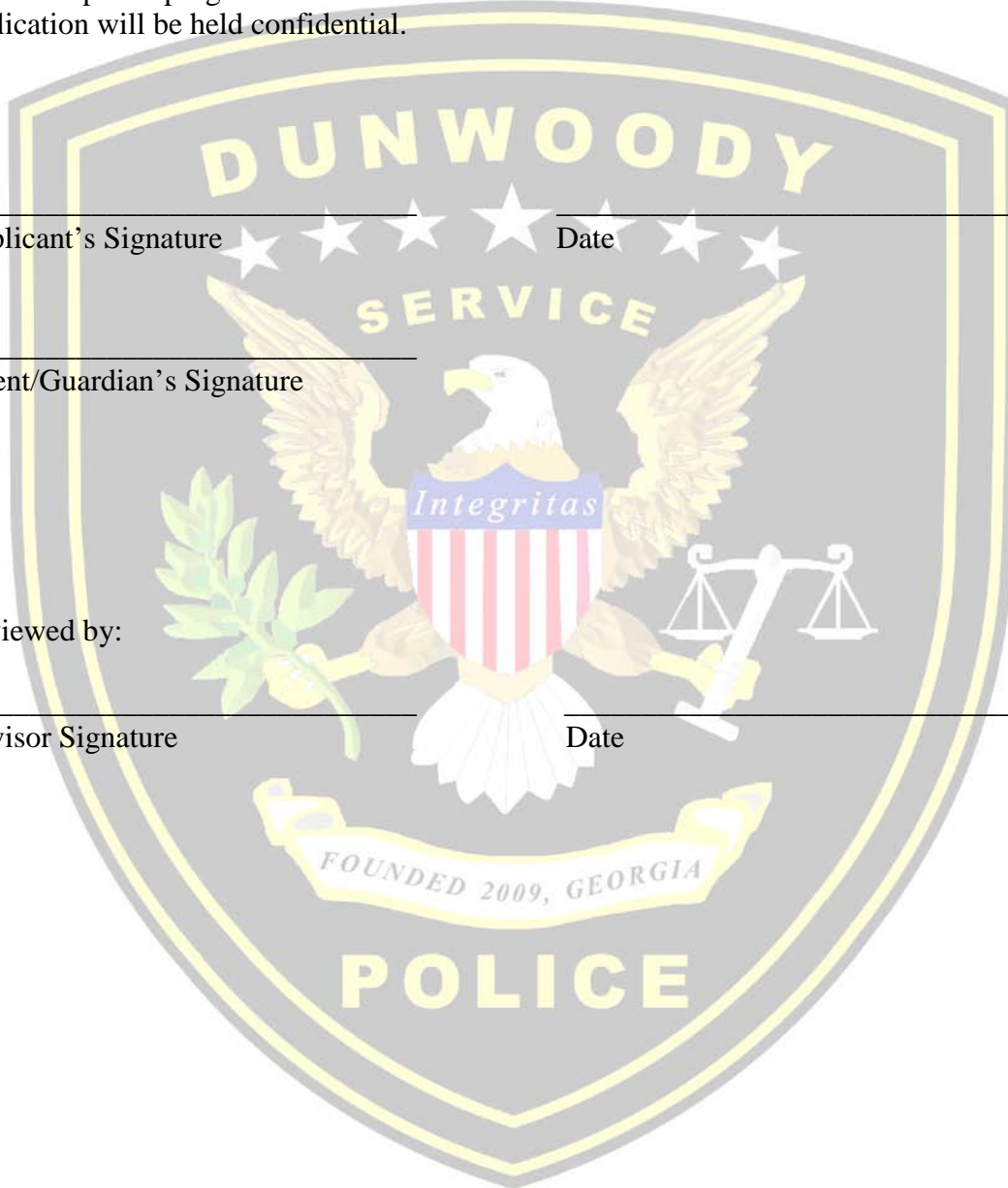
Date

Parent/Guardian's Signature

Reviewed by:

Advisor Signature

Date



DUNWOODY POLICE EXPLORERS

Background Check Consent Form

The undersigned, parents or guardians of _____, a member of the Dunwoody Police Explorers, hereby authorizes the Dunwoody Police Explorer Advisor or his designee to conduct a thorough criminal background investigation. This is to include, but not limited to a criminal history check, driver's history check, school attendance and academic records check, interviews of family/friends/acquaintances for the purpose of acceptance and continued participation in the Dunwoody Police Explorer Program.

Explorer's Signature

Date

Printed Parent or Guardian's Name

Parent of Guardian's Signature

Notary