

# BRAWLEY POLICE DEPARTMENT

# POLICE EXPLORERS

OPEN  
RECRUITMENT








## ABOUT US

The Police Explorer Program introduces young people to law enforcement through training, ride alongs, and community service.

Our goal is to build responsibility and pride while strengthening the bond between youth and police.

## REQUIREMENTS

-  13-17 Years Of Age
-  Attendance Commitment
-  Pass Applicant Background
-  Pass Applicant Screening
-  Parent/Guardian Permission

CALL NOW  
SGT. FILEMON MAGANA  
(760) 812 -3214



# BRAWLEY POLICE DEPARTMENT EXPLORER POST #4310



## Explorer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Names: \_\_\_\_\_  
Name Cell Phone

\_\_\_\_\_ Name Cell Phone

School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ GPA: \_\_\_\_\_

Have you ever been arrested? Yes ☐ No ☐

If "Yes" indicate date, charge and agency: \_\_\_\_\_

Are you employed? Yes ☐ No ☐

If so, business name: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Number of hours worked per week: \_\_\_\_\_

Extra-curricular Activities/hobbies: \_\_\_\_\_

Why are you interested in the program? \_\_\_\_\_

Do you know anyone currently in the program? Yes ☐ No ☐

If "Yes". Who? \_\_\_\_\_

I hereby certify that all statements made in this application are true and complete. I understand that any misstatements of facts will subject me to disqualification and dismissal.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# BRAWLEY POLICE DEPARTMENT EXPLORER POST #4310



## Medical Examination (TO BE COMPLETED BY A LICENSED DOCTOR)

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Date of Birth/ Age: \_\_\_\_\_

Systems:

Cardiac:

- |                       |               |          |
|-----------------------|---------------|----------|
| A. Chest Pains        | Yes _____     | No _____ |
| B. Swollen Ankle/Feet | Yes _____     | No _____ |
| C. Blood Pressure     | _____ / _____ |          |

Musculoskeletal:

Normal / Abnormal

(Please check one)

- |                |               |
|----------------|---------------|
| A. Head        | _____ / _____ |
| B. Neck        | _____ / _____ |
| C. Arms        | _____ / _____ |
| D. Hands       | _____ / _____ |
| E. Legs/ Knees | _____ / _____ |
| F.             | _____ / _____ |

In your opinion, is this person able to perform six (6) hours of physical activity involving running, jumping, and other strenuous activities?

Yes \_\_\_\_\_ No \_\_\_\_\_

Office/Doctor's Name: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_



# BRAWLEY POLICE DEPARTMENT EXPLORER POST #4310



## HOLD-HARMLESS/RELEASE FORM

The undersigned, parents or guardians of \_\_\_\_\_, a participant of

Brawley Police Department Explorer Program, Post No. 4310, hereby indemnifies and holds harmless the Brawley Police

Department Explorer Program Explorer Post No, 4310 from any claims of any kind whatsoever or of any nature for injury to

the person or damage to the property of \_\_\_\_\_, his/her parents, siblings, or heirs. This

indemnity and hold-harmless agreement shall be considered a complete and total waiver of any legal and all liability on the part

of the township/City of Brawley, its servants, agents, or employees, and particularly the police officers engaged in the

supervision and control as set forth herein above.

\_\_\_\_\_  
Explorer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

(Required if explorer is under the age of 18)



BRAWLEY POLICE DEPARTMENT  
EXPLORER POST #4310



EMERGENCY CONTACT INFORMATION

Explorer Name: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address (Number and Street): \_\_\_\_\_

(City, State, ZIP): \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_

Explorer's Cell: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

Name of Parent/ Guardian: \_\_\_\_\_ At Home Yes \_\_\_\_\_ No \_\_\_\_\_

Place of Work: \_\_\_\_\_

Business Phone #(s): \_\_\_\_\_

Cell Phone #(s): \_\_\_\_\_

Name of Parent/ Guardian: \_\_\_\_\_ At Home Yes \_\_\_\_\_ No \_\_\_\_\_

Place of Work: \_\_\_\_\_

Business Phone #(s): \_\_\_\_\_

Cell Phone #(s): \_\_\_\_\_

Other Responsible Person: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Today's Date \_\_\_\_\_



# BRAWLEY POLICE DEPARTMENT EXPLORER POST #4310



## MEDICAL RELEASE FORM

I hereby give permission to the physician selected by the Adult Leader in charge of the Explorer Post #4310, to hospitalize, secure proper anesthesia or to order injection of surgery for explorer listed below. I do not hold the Brawley Police Department of the Brawley Explorer Post #4310 liable for any occurrences resulting from his/her participation while at any in town or out of town explorer activities.

Explorer Name: \_\_\_\_\_

Parent/ Guardian (Print Name): \_\_\_\_\_

Parent/ Guardian (Signature): \_\_\_\_\_

In Case of an Emergency, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Other means of contact: \_\_\_\_\_

Allergies: Yes ☐ No ☐

If "Yes", explain: \_\_\_\_\_

Explorer \_\_\_\_\_ is required to take the following medication(s):

Dosage: \_\_\_\_\_

Reason: \_\_\_\_\_

(Attach page with additional medication, dosage and reason to the back of this page)

Today's Date: \_\_\_\_\_



BRAWLEY POLICE DEPARTMENT  
EXPLORER POST #4310



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RELEASE OF INFORMATION

I authorize \_\_\_\_\_ to release any and all information  
(School Name)

to the Brawley Police Department Explorer Post advisors, regarding grades, attendance, and any discipline problems  
for

\_\_\_\_\_  
(Explorer's Name)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Explorer Signature

\_\_\_\_\_  
Date





## BRAWLEY POLICE DEPARTMENT EXPLORER POST #4310



### PHOTO RELEASE AND SOCIAL MEDIA CONSENT FORM

I hereby grant the Brawley Police Department, its representatives and employees, permission to use and/or publish photographs or videos of myself in print and/or electronically. I understand and agree that these materials will become the property of A+ World Academy and will not be returned. I hereby authorize the Brawley Police Department to edit, alter, copy, exhibit, publish, or distribute the photograph or video for purposes of publicizing their programs or for any other lawful purpose.

In addition, I waive my rights to any compensation arising or related to the use of the photographs or videos. I release and discharge the Brawley Police Department from any and all claims arising out of use of the photos or videos for any lawful purpose such as for publicity, illustration, advertising, and Web content.

Additionally, I grant the Brawley Police Department, and its agents and employees, the irrevocable and unrestricted right to reproduce the photographs and/or video images taken by me, or members of my family, for the use of publication, promotion, illustration, advertising, or trade, in any manner or in any medium.

I hereby release the Brawley Police Department and its legal representatives for all claims and liability relating to said images or video. Furthermore, I grant permission to use my statements that were given during discussion, interview or other communication, with or without my name, for the purpose of advertising and publicity without restriction. I waive my right to any compensation. In the case of minors, the Brawley Police Department has my permission to use photo or video of my child or legal custody with all the permissions outlined above. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Student's Name (print): \_\_\_\_\_

Student's Signature (sign): \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian's Name, if student under 18 (print): \_\_\_\_\_

Parent/Guardian's signature (sign): \_\_\_\_\_

Date \_\_\_\_\_





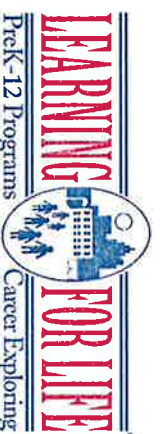
**CLUBS:** For young men and women in sixth, seventh, and eighth grades who have completed the fifth grade and are at least 10 years old but have not completed the eighth grade and are not yet 15 years old.

**POSTS:** For young men and women who are at least 14 (and have completed the eighth grade) or 15 years of age but not yet 21 years old.

# YOUTH APPLICATION

Exploring is based on a unique and dynamic relationship between youth and the organizations in their communities. Local community organizations initiate a specific Explorer post or club by matching their people and program resources to the interests of young people in the community. The result is a program of activities that helps youth pursue their special interests, grow, and develop.

Explorer posts/clubs can specialize in a variety of career skills. Exploring programs are based upon five areas of emphasis: career opportunities, life skills, citizenship, character education, and leadership experience.



**Tips for completing the Application for Exploring Youth Participant:**

- > Print—do not use cursive.
- > Use black or dark blue ink.
- > Press firmly when printing.
- > Print one letter only in each box.
- > Use uppercase letters and stay within the blue boxes for legibility.
- > Make sure you have all needed signatures on application.
- > Don't alter the application—it could affect the quality of the scan.

Mailing address example:

7 0 3 F I R S T S T

**Participant Chart**

Form per month	Youth/adult participant fee
1	2.75
2	5.50
3	8.25
4	11.00
5	13.75
6	16.50
7	19.25
8	22.00
9	24.75
10	27.50
11	30.25
12	33.00
13	35.75
14	38.50
15	41.25
16	44.00
17	46.75
18	49.50

**USE BLACK OR DARK BLUE INK ONLY.**

Exploring Post Explorer Club Number:

*Cut along dotted line.*

**TEMPORARY PARTICIPANT CERTIFICATE**

(Good for 60 days)  
This certifies that

Is a member of

Post or club leader signature

Date

**Explorer Club Exploring**

- Print—do not use cursive.
- Print one letter or number.
- Use uppercase letters and stay within the blue boxes for legibility.

Print one letter in each space—press hard, you are making a copy.)

First name: K A T H L E E N Middle name: J A N E Last name: S M I T H

Country: U S A State: N Y City: A N Y T O W N Zip code: 1 2 3 4 5

Phone: 5 5 5 - 1 2 3 - 4 5 6 7 Date of birth (mm/dd/yyyy): 0 1 / 0 1 / 1 9 9 8 Grade: 1 0

School: O A K T R E E H I G H S C H O O L Ethnic background: ☐ Black/African American ☒ Native American ☐ Alaska Native ☐ Asian ☐ Caucasian/White ☐ Hispanic/Latino ☐ Pacific Islander ☐ Other

Parent/guardian information: Select relationship: ☐ Parent ☐ Guardian ☒ Grandparent ☐ Other (specify) \_\_\_\_\_

First name (No initials or nicknames): D E B O R A H Middle name: S U E Last name: S M I T H Suffix: \_\_\_\_\_

Country: U S A State: N Y City: A N Y T O W N Zip code: 1 2 3 4 5

Home phone: 5 5 5 - 1 2 3 - 4 5 6 7 Date of birth (mm/dd/yyyy): 0 1 / 0 1 / 1 9 7 2 Occupation: V P O P E R A T I O N Employer: R G K I N T L

Business phone: 5 5 5 - 7 6 5 - 4 3 2 1 Ext. x Previous Exploring experience: F I R E E X P L O R E R Call phone: 5 5 5 - 2 5 3 - 6 1 1 8

Parent/guardian email address: D E B O R A H . S M I T H @ Bill Taylor Date: 0 5 / 1 3 / 2 0 1 6

Participation fee \$ Participation fee Paid: Cash Check No. Credit card

Signature of parent/guardian: Deborah Sue Smith

Signature of Explorer: Kathy Smith

YOUTH PARTICIPANT

If applicant has an unexpired participant certificate, participation may be accomplished at no charge by transferring the registration. Mark and attach a copy of the certificate.

☐ Transfer application

Transfer from council no.:

☐ Exploring Post ☐ Explorer Club

Number:

Name and address information (Please print one letter in each space—press hard, you are making a copy.)

First name (No initials or nicknames)

Middle name

Last name

Suffix

Country Mailing address

City

State

Zip code

Phone

Date of birth (mm/dd/yyyy)

Grade

Ethnic background:

- ☐ Black/African American ☐ Native American ☐ Alaska Native ☐ Asian  
☐ Caucasian/White ☐ Hispanic/Latino ☐ Pacific Islander ☐ Other

School

Gender: ☐ Male ☐ Female

Email address (Post youth participant only)

Parent/guardian information

☐ Parent

☐ Guardian

☐ Grandparent

☐ Other (specify)

Select relationship:

Middle name

Last name

Suffix

Country Mailing address

City

State

Zip code

Home phone

Date of birth (mm/dd/yyyy)

Occupation

Employer

Gender:

- ☐ M ☐ F

Business phone

Ext.

Previous Exploring experience

Cell phone

Parent/guardian email address

I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).

Signature of post or club leader

Date

Signature of parent/guardian

Participation fee \$

Paid: ☐ Cash

☐ Check No. \_\_\_\_\_

☐ Credit card

Signature of Explorer



# **YOUTH PARTICIPANT**

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☐ Transfer application

Transfer from council no.:

☐ Exploring Post   ☐ Explorer Club   Number:

Name and address information (Please print one letter in each space—press hard, you are making a copy.)

First name (No initials or nicknames)

Middle name

Last name

Suffix

Country Mailing address

City

State

Zip code

Phone

Date of birth (mm/dd/yyyy)

Grade

Ethnic background:

☐ Black/African American   ☐ Native American   ☐ Alaska Native   ☐ Asian  
☐ Caucasian/White   ☐ Hispanic/Latino   ☐ Pacific Islander   ☐ Other

School

Gender: ☐ Male   ☐ Female

Email address (Post youth participant only)

Parent/guardian information

☐ Parent

☐ Guardian

☐ Grandparent

☐ Other (specify)

Select relationship:

Middle name

Last name

Suffix

Country Mailing address

City

State

Zip code

Home phone

Date of birth (mm/dd/yyyy)

Occupation

Employer

Gender: ☐ M   ☐ F

Business phone

Ext.

Previous Exploring experience

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Date

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Paid: ☐ Cash

☐ Check No.

☐ Credit card

Signature of Explorer

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First name (No initials or nicknames)

Middle name

Last name

Suffix

Country Mailing address

City

State

Zip code

Phone

Date of birth (mm/dd/yyyy)

Grade

Ethnic background:

☐ Black/African American ☐ Native American ☐ Alaska Native ☐ Asian  
☐ Caucasian/White ☐ Hispanic/Latino ☐ Pacific Islander ☐ Other

School

Gender: ☐ Male ☐ Female

Email address (Post youth participant only)

Parent/guardian information

Select relationship:

☐ Parent

☐ Guardian

☐ Grandparent

☐ Other (specify)

First name (No initials or nicknames)

Middle name

Last name

Suffix

Country Mailing address

City

State

Zip code

Home phone

Date of birth (mm/dd/yyyy)

Occupation

Employer

Gender:

☐ M ☐ F

Business phone

Ext.

Previous Exploring experience

Cell phone

Parent/guardian email address

I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).

Signature of post or club leader

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☐ Credit card

Signature of Explorer