

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: _____

Home Phone: _____ Cell Phone: _____

Parent's Names: _____

Name _____ Cell Phone _____

School: _____ Graduation Year: _____ GPA: _____

Have you ever been arrested? Yes No

If "Yes" indicate date, charge and agency:

Business Phone #: _____ Number of hours worked per week: _____

Extra-curricular Activities/hobbies:

Digitized by srujanika@gmail.com

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 or 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

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.



PreK-12 Programs
Career Exploring

**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:

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 - - / / / Grade

School Gender: Male Female

Email address (Post youth participant only)

Parent/guardian Information

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 - - / / Occupation

Business phone - - X Ext.

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

**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

U.S.

Date of birth (mm/dd/yyyy)

Grade

- - / /

Ethnic background:

Black/African American

Native American

Alaska Native

Asian

Caucasian/White

Hispanic/Latino

Pacific Islander

Other

Phone

School

Gender: Male

Female

Email address (Post youth participant only)

@

Suffix

Parent/guardian information

Parent

Guardian

Grandparent

Other (specify)

Last name

First name (No initials or nicknames)

Middle name

Suffix

Country Mailing address

City State Zip code

U.S.

Date of birth (mm/dd/yyyy)

Occupation

Employer

Home phone

- - / /

Ext.

Previous Exploring experience

Cell phone

Business phone

- - X

Ext.

Parent/guardian email address

@

I have read the attached information sheet and approve this 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**

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:

Exploring Post Explorer Club Number:

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)

Middle name Last name

Suffix

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

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