

SONORA POLICE EXPLORER POST #364

100 S GREEN ST, SONORA CA 95370

(209) 532-8143



Dear Applicant;

You recently indicated interest in Law Enforcement Exploring. Attached is an application. Please complete the application and waiver forms as indicated and return to the Sonora Police Department to the attention of Sergeant Wertz.

Please note that a current copy of your school transcript is required with the application.

Meetings/Trainings are held on the 1st and 3rd Sunday of each month, time is 5pm-7pm. The meeting place will be announced at prior meetings. If unsure, contact Sergeant Wertz at the Sonora Police Department. Feel free to attend a meeting and see what it is all about.

Thank you for your interest in law enforcement and we look forward to meeting you.



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What is it all about?

The Sonora Police Department has developed a Law Enforcement Exploring Program which is chartered by the Boy Scouts of America. The program serves four main purposes:

1. **Insight**

It provides insight to help you determine whether you would like to pursue a career in the world of law enforcement by involving you in real police activities with highly trained and experienced officers.

2. **Community Relation**

The program offers you an opportunity to develop a positive relationship with the police in your community.

3. **Mental & Physical Preparation**

The program will give you the proper framework to develop a sharp mind and physically fit body.

4. **Education**

The program will help you better understand our local form of government and your responsibilities as a citizen.

Is the program all work?

Many of the assignments you perform will help earn your Explorer Post money.

The money earned will be used by the Post for equipment, tours to law enforcement agencies in other cities, fun activities (such as skiing/snowboarding, paintball, waterslides, etc) and competitions. You can become involved in athletic/knowledge competitions and other events with other Explorer Posts.

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Requirements:

- § Age: 14 – 21
- § Maintain a “C” average in all school work through the 9th grade
- § Be of and maintain good moral character
- § Be free of any physical deficiencies that would jeopardize you or others in the program
- § Complete the required application
- § Present a written recommendation from a teacher, religious leader, or other responsible non-related adult
- § Pass a background investigation
- § Pass an oral interview
- § Abide by the Rules and Regulations as set forth in the Sonora Police Department Explorer Manual

MAKE SURE THE FOLLOWING FORMS ARE COMPLETED/ATTACHED AT THE TIME THIS PACKET IS TURNED IN:

- Explorer Application (Pages 4 & 5 of Packet)
- Hold-Harmless Agreement (Page 6 of Packet)
- Medical Release (Page 7 of Packet)
- Background Investigation: Authority to Release Information (Page 8 of Packet)
- Background Investigation: Release and Waiver (Page 9 of Packet)
- “My Reason” –To be submitted by applicant (Page 10 of Packet)
- School Transcripts (To be Submitted by Applicant)

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APPLICATION *PLEASE PRINT CLEARLY AND LEGIBLY*

Full Name (First Middle Last): _____

Address: _____
City: _____ Zip: _____

Phone Numbers:
Home: _____
Cell: _____
Work: _____
Other: _____

Physicals: Sex: _____ Hair: _____ Eyes: _____
Weight: _____ Height: _____

Date of Birth: _____ Age: _____ California ID/DL: _____ (16 or older)

Place of Birth: _____ Social Security: _____

School: _____ Grade: _____

Overall GPA: _____ Major Course of Study: _____

Counselor(s): _____

What kind of career are you interested in?

Law Enforcement Military EMT/First Responder Fire Other: _____

How did you find out about the Explorer Program? _____

Are your parents in favor of you joining the Explorer Program? - Yes - No

Why would you like to join the Explorer Program? *Answer in at least 100 words on a separate sheet of paper. Title that paper: "My Reason" and number it "Page 10". When complete, attach to the back of your packet.*

Have you ever been arrested? - Yes - No If Yes, explain: _____

Have you ever been detained by juvenile authorities?

- Yes - No

Have you ever received any traffic citations or warnings?

- Yes - No

Are you now or have you ever been on probation?

- Yes - No

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List two references (*Other than immediate family*):

1. Name: _____ Phone: _____
Address: _____
2. Name: _____ Phone: _____
Address: _____

List the times on each day you will be at school/work: (*an estimate on time is sufficient*)

SUNDAY	FROM	AM/PM	TO	AM/PM
MONDAY	FROM	AM/PM	TO	AM/PM
TUESDAY	FROM	AM/PM	TO	AM/PM
WEDNESDAY	FROM	AM/PM	TO	AM/PM
THURSDAY	FROM	AM/PM	TO	AM/PM
FRIDAY	FROM	AM/PM	TO	AM/PM
SATURDAY	FROM	AM/PM	TO	AM/PM

➤ ALL APPLICANTS MUST SUBMIT A COPY OF THEIR TRANSCRIPT FROM THEIR SCHOOL IN ADDITION TO THE RELEASE FORMS IN THIS PACKET AT THE TIME THE PACKET IS TURNED IN.

I certify that the above information contained herein is true and correct to the best of my knowledge.

Signature of Applicant

Date

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HOLD-HARMLESS AGREEMENT

The undersigned, parents or guardians of _____, a participant of Sonora Police Department Explorer Post 364, hereby indemnifies and holds harmless the Sonora Police Department, its agencies and employees, specifically including any and all police officers or personnel involved with the supervision and control on the Sonora Police Department and Explorer Post 364 from any claims of any kind whatsoever or of any nature for injury to the person or damage to the property of the above mentioned Explorer, his/her parents, siblings, or heirs. This indemnity and hold-harmless agreement shall be considered a complete and total waiver of any and all liability on the part of the City of Sonora, its servants, agents, or employees, and particularly the police officers engaged in the supervision and control as set forth herein above.

Explorer Signature

Date

Parent's Signature (*Explorer under 18 years of age*)

Date

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MEDICAL RELEASE

I/We know of no health or fitness restriction that precludes the participation of Explorer _____ in Explorer Post 364, sponsored by the Sonora Police Department.

In the event of serious illness or injury to _____ while involved in this activity, I/We consent to emergency medical treatment, x-ray examination, anesthesia, medical or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the emergency medical technician/paramedic and the attending physician, and is performed under the supervision of a member of the medical staff of the hospital furnishing the medical services.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me/us will be attempted.

Parent(s)/Guardian(s) Name

Parent(s)/Guardian(s) Signature

EMERGENCY PHONE NUMBERS:

Home: _____ Cell: _____

Work: _____ Message: _____

Advisor Approval: _____ Date: _____

Expiration Date: _____

List any medical information that we should be made aware of: _____



SONORA POLICE DEPARTMENT
 100 South Green Street
 Sonora, California 95370

Emergency 911
 Business (209) 532-8143
 Fax (209) 532-4845
 Web-Site: www.sonorapd.com
 Turu VanderWiel, Chief of Police
 E-Mail: tvanderwiel@sonorapd.com

"Maintaining a Safe Community since 1851"

AUTHORITY TO RELEASE INFORMATION PURSUANT TO A BACKGROUND INVESTIGATION

I, _____, hereby authorize the release of all my school and employment records and authorize the release of all my school and employment records and all information which may concern me, whether that information if of record or not. Such information is to be released to a Police Officer or other authorized representative of the **Sonora Police Department** pursuant to an official background investigation. You are also authorized to allow the examination and copying of all records and all information which concerns me.

I, _____, hereby release you, your organization and its employees, the **Sonora Police Department** and its employees, the City of Sonora and its employees, and all others from any liability or damage which may result from furnishing the information requested above, or from the use of the said information as requested above. A photocopy of this authorization, and a photo copy of the information mentioned above shall be considered the same, and as effective and valid as the original document(s).

Parent/Guardian (Print) (*if applicant under 18*): _____

 Parent/Guardian Signature

 Date

Applicant (Print): _____

 Applicant Signature

 Date



SONORA POLICE DEPARTMENT
100 South Green Street
Sonora, California 95370

Emergency 911
Business (209) 532-8143
Fax (209) 532-4845
Web-Site: www.sonorapd.com
Turu VanderWiel, Chief of Police
E-Mail: tvanderwiel@sonorapd.com

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RELEASE AND WAIVER PURSUANT TO A BACKGROUND INVESTIGATION

To Whom It May Concern:

Consent is granted for the **Sonora Police Department** to use the information obtained as a result of a background investigation for Police Explorer in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any background investigation report prepared by the **Sonora Police Department**.

I hereby release the Sonora Police Department, its officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to my, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Parent/Guardian (Print) (*if applicant under 18*): _____

Parent/Guardian Signature

Date

Applicant (Print): _____

Applicant Signature

Date