

**Fort Myers Police Department**

**Explorer Unit #55**

**Est. May 1973**

Thank you for your interest in Explorer Unit 55 of the Fort Myers Police Department. Explorer Applicants must set up an interview with an Advisor for the Post to turn in the attached Application and all necessary forms. Once an interview and application is complete Explorer Applicants may attend Post Meetings during the Application Review.

Attached you will find the Explorer Unit 55 Application that consists of:

 Application

 Member Releases (must be notarized)

 Physical Fitness Authorization

Applications are not considered complete until all the above forms and the following are turned in:

 Copy of report card (high school) or class schedule (college)

 Copy of birth certificate

 Copy of driver’s license/learners permit (if applies)

 Copy of social security card

 Physical Fitness Form

* Explorer Registration Fee $15.00
* Post t-shirt & PT Uniform fee $20.00 Size:

Please feel free to contact Officer K. Ramjattan of the Community Relations Division for an interview, 239-900-5879.

Officer Keron Ramjattan

Fort Myers Police Department

Community Relations Unit



# Fort Myers Police Department

### Explorer Unit #55

#### Est. May 1973

##### Application

Applicants Full Name:

**Requirements for Police Explorers:**

Applicant please initial each line

|  |  |
| --- | --- |
| ***Initial Below*** |  |
|  | Must maintain a minimum 2.0 G.P.A. |
|  | Criminal arrests/convictions will be reviewed on a CASE-BY-CASE basis |
|  | Must have no discipline problems at home, school, or work |
|  | Must not consume illegal drugs, intoxicants or use tobacco products |
|  | Must be of good moral character |
|  | Must be 14 years of age and not exceeded the age of 20 |

**The following items Must be turned in with the application:**

The application will not be considered complete until all documentation is turned in.

* Application to include:
  + Member Release (MUST BE NOTARIZED)
  + Physical Fitness Authorization
  + Explorer Registration Fee $15.00
  + Post T-Shirt & PT Uniform Fee $20.00 Size:

□ Copy of Social Security Card

□ Copy of Driver’s License/Permit (if applicable)

□ Copy of Birth Certificate

* Copy of Report Card or Current Grades

Administration Use:

Application Received: 🞏 Complete 🞏 Incomplete

First Meeting: Second Meeting: Third Meeting:

Background Check Complete: Registration Fee:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Applicant Information | | | | | | | | | | | | □ New Member | | | | | | | □ Transfer | | | | | | | | | from post: | | | | | | | | | |  | | | |
| If transferring Posts provide name of Advisor: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | |  | | | | | | | | | | First | |  | | | | | | | | | | | | | | M. |  | | | | D.O.B | | |  | | |
| Street Address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Apt/Unit # | | | | | |  | | | | |
| City |  | | | | | | | | | | | | | | State | |  | | | | | | | | | | | | | | ZIP | |  | | | | | | | | |
| Home Phone |  | | | | | | | | | | Cell Phone | |  | | | | | | E-mail Address | | | | | |  | | | | | | | | | | | | | | | | |
| Drivers License No. | | | | | | | | |  | | | | | | | | | Social Security No. | | | | | | | | |  | | | | | | | | | | | | | | |
| School Attending | | | | | | | |  | | | | | | | | | | | | | | Grade | | | |  | | | | | | | | | G.P.A. | | | | | |  |
| Mothers Name: | | | | | | | |  | | | | | | | | | | | | | | Phone No. | | | | | | |  | | | | | | | | | | | | |
| Address (if different) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fathers Name: | | | | | | | |  | | | | | | | | | | | | | | Phone No. | | | | | | |  | | | | | | | | | | | | |
| Address (if different) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMERGENCY CONTACTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | |  | | | | | | | | | | | | | | | | | | | Phone No. | | | | | |  | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | Relationship | | | | | | | |  | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | | | | | | | | | Phone No. | | | | | |  | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | Relationship | | | | | | | | |  | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | | | | | | | | | Phone No. | | | | | |  | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | Relationship | | | | | | | | |  | | | | | | | | | | | | |
| Family Dr | | | | | |  | | | | | | | | | | | | | | | | | | Phone No. | | | | | |  | | | | | | | | | | | |
| Allergies | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Conditions we may need to be aware of | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| References – List three references over the age of 18 THAT ARE not relatives | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | |  | | | | | | | | | | | | | | | | Phone No. | | | | | | | |  | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | |  | | | | | | | | | | | | | | | | Phone No. | | | | | | | |  | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | Phone No. | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| employment history for the last three years Check box if no employment history € | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer | | | | |  | | | | | | | | | | | Phone No. | | | | | | |  | | | | | | | | | | | Date Employed | | | | | |  | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer | | | | |  | | | | | | | | | | | Phone No. | | | | | | |  | | | | | | | | | | | Date Employed | | | | | |  | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer | | | | |  | | | | | | | | | | | Phone No. | | | | | | |  | | | | | | | | | | | Date Employed | | | | | |  | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1. Are you involved in any clubs or sports?  Yes  No

If Yes, please list:

1. Do you hold any titles or positions?  Yes  No

If Yes, please list:

1. Do you have a Florida driver’s license?  Yes  No

If Yes, Driver’s License No:

If No, do you have a driver’s license from another state:  Yes  No

If Yes, State and Driver’s License No.:

1. Has your license ever been suspended or revoked?  Yes  No

If Yes, give reasons, date, and length:

1. Have you ever been suspended or expelled from school?  Yes  No

If Yes, please list reason, length of time and date:

1. Have you ever been a member of a gang or affiliated with a gang member?  Yes  No

If Yes, please list information:

1. Have you ever been arrested?  Yes  No

If yes, please list, charges, disposition, Agency and date:

1. Have you ever done anything that if uncovered by the police would lead to an arrest?  Yes  No

If Yes, please explain:

1. Have you ever used or experimented with marijuana, drugs or alcohol?  Yes  No

If Yes, please explain:

**Explorer Unit 55 of the Fort Myers Police Department**

**Member Release**

Member Name:

Date of Birth:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Parent Consent** | | | | | | | | | | | | | |
| As parent or legal guardian, I understand that my son/daughter will be a member of the Fort Myers Police Department Explorers Unit Fifty-Five, and he/she will be attending meetings. The meetings are set at a minimum of three times a month, members are advised of the dates. Meetings are held 6:00p.m. to 8:00p.m. at the Fort Myers Police Department Youth Relations Center located at; 3280 Marion St., Fort Myers, FL 33916.  Also, as a parent or legal guardian, I grant or do not grant my permission for the following items: | | | | | | | | | | | | | |
| 1. Participate in after school/ week-end activities. □ Yes □ No 2. Participate in the Ride-Along program. □ Yes □ No 3. Participate in the Physical Fitness program. □ Yes □ No | | | | | | | | | | | | | |
|  | | | | |  |  | | | | | |  | |
| Parent/Guardian (Explorer if over 18) | | | | |  | Date | | | | | | | |
| **Uniform Agreement** | | | | | | | | | | | | | |
| **The ownership and title to all uniforms equipment issued to Explorer Unit #55 members is vested in the Fort Myers Police Department**. Members shall be held strictly accountable for the proper care, use and maintenance of all issued articles of uniform and equipment. Uniforms and equipment shall be worn and used only in accordance with provision of the By Laws. No item of uniform or equipment shall be transferred or exchanged by members of the Post. Only a Post Advisor or designee shall conduct the exchange of issuance of uniforms and equipment. When a member resigns, takes a leave of absence, under disciplinary suspension or is discharged, the member shall surrender to a Post Advisor all issued items of uniforms (cleaned prior to returning) and equipment. If a member loses, misplaces, or damages issued property shall immediately report such loss or damage to a Post Advisor followed up with a written information sheet. The member may be held responsible for the replacement if the damage is due to the member’s negligence. | | | | | | | | | | | | | |
|  | | | |  |  | | | | | | | | |
|  | | | |  |  |  | | | | | | |  |
| Explorer | | | |  |  | Date | | | | | | |  |
|  | | | |  |  |  | | | | | | |  |
| Parent/Guardian (if Explorer under 18) | | | |  |  | Date | | | | | | |  |
| Hold Harmless Release | | | | | | | | | | | | | |
| The undersigned, parent(s) or guardian(s) of , a participant of the Fort Myers Police Department Explorer Unit #55, hereby indemnifies and holds harmless the Fort Myers Police Department, its agencies and employees, specifically including any and all police officers or personnel involved with supervision and control of the Fort Myers Police Department Explorer Unit #55 from any claims of any kind whatsoever or of any nature for injury to the person or damage to the property of the above listed, 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 Fort Myers, its control as set forth herein above. | | | | | | | | | | | | | |
| Insurance Carrier: | | |  | | |  | | Policy Number: | |  | | | |
|  | | | | | | | | | | | | | |
|  | | | | |  | |  | | | | | |  |
| Parent/Guardian (Explorer if over 18) | | | | |  | | Date | | | | | |  |
| Media Release | | | | | | | | | | | | | |
| Explorers may be photographed/video taped at various activities. We use these photos/videos for Explorer promotional material such as brochure’s and news stories.  Known by all men these presents,  That I as a parent or legal guardian for  hereby releases authority to the Fort Myers Police Department or any agency it authorizes to photograph, record, tape or videotape said child. Furthermore, said child’s photograph, identity, voice or videotaping is hereby deemed free of copyrights, royalties, or fee and may be duplicated or used in promoting future Fort Myers Police Department Explorer Unit #55 activities. Furthermore, no media, printed or electronic may be sued for the publication or broadcast of the photograph, tape, record or videotape of said child or said child’s identity. | | | | | | | | | | | | | |
|  | | | | |  | |  | | | | | |  |
| Parent/Guardian (Explorer if over 18) | | | | |  | | Date | | | | | |  |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Disclaimer and Signatureto be notarized | | | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge; I also understand this form will remain confidential. | | | | | | | | | | | | | |
| Signature of Applicant |  | | | | | | | | Date | |  | | |
| Signature  Parent/Guardian | |  | | | | | | | Date | |  | | |

Sworn to and Subscribed before me,

The day of 20

Notary Public

Personally known or produced identification , type of ID

**Explorer Unit 55 of the Fort Myers Police Department**

**Physical Fitness Authorization**

The Fort Myers Police Department Explorer Unit 55 has added physical fitness to the program. Unit 55 is a law enforcement career education program and physical fitness is required to reach our members goals of becoming law enforcement officers. Each agency has their own set of physical fitness requirements to qualify for consideration as an applicant, and we want our Explorer members to be prepared. P.T. (physical training) will include warming up, stretching, running, sit ups, push-ups, pull ups/flex hang and cool downs. Explorer members that join the Competition Team will also participate in obstacle courses.

What the Explorer is to wear/bring for P.T.:

* T-shirt (loose fitting, but not extremely oversized)
* Shorts (basketball length, preferably black)
* Sneakers (no high tops, boots or open toed shoes)
* Socks
* Water
* It is strongly recommended that females have their hair tied back

*Note: Explorer members not wearing proper attire will not participate in physical training.*

The Police Athletic League recommends that all participants have periodic medical evaluations by a licensed health-care practitioner. **The Police Athletic League has established minimum standards for providing medical information prior to participating in various activities. They are categorized as follows:**

**A Personal Health and Medical Record** should be completed for any outing or event, such as field days, conferences, and overnight events where medical staff is readily available. The medical information required is *a current health history signed by parents or guardians but need not be signed by a physician.*

**A Personal Health and Medical Evaluation** signed by a physician must be completed for any outings or events such as resident camping (C.O.P.E.) and extended outings and trips such as hiking and boating in remote areas where medical staff is not available. Medical data required includes *an annual health history signed by parents or guardians, supported by a medical evaluation completed within the past 12 months and signed by a physician.* A place for the physician to sign is on the back of the medical form and is required for this type of activity.

I hereby give my son/daughter permission to participate in the Fort Myers Police Department physical fitness training.

I understand that physical fitness involves a variety of physical fitness activities. The level of participation in an activity is at all times completely up to the individual choice; yet there is a risk, which must be assumed by each participant that he or she may suffer an emotional or physical injury or disability.

I hereby agree to indemnify the City of Fort Myers from any and all liability arising out of any accident or death as a result of my child’s participation in physical training.

Parent/Guardian (for members under 18) Date

Explorer Member Date