



**IRVING POLICE EXPLORERS**  
 POST #252  
**EXPLORER APPLICATION**



Please answer the questions completely and truthfully using black ink pen. The Waiver of Liability must be notarized. Please include a photocopy of your most recent report card.

PERSONAL INFORMATION			
Name (Last, First, Middle):	Sex:	Race:	
Nickname/Alias:	Date of Birth:	Age:	
Full Address:	Home Phone:	Cell Phone:	
Email:	At least 14 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", Are you a Legal Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Naturalization Certificate Number:	----- <input type="checkbox"/> N/A		
Place of Birth (City, County, State, Country):			
Eye Color:	Hair Color:	Height:	Weight:
Scars/Marks/Tattoos (Describe):			
Permission from parents/guardian to join post? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", Explain: _____			
Do you have any physical and/or mental health issues? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Explain: _____			
Have you ever had any physical and/or mental health issues? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Explain: _____			
Ever been a member in another Explorer program? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Explain: _____			
Ever been dismissed from any other Explorer Post for dishonorable reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently a member in another Explorer program? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", Explain: _____			
Do you have a social media account (i.e. Facebook, Twitter, Instagram, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list them and name for the account: _____			
Do you currently have a boyfriend/girlfriend? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, Full Legal Name:	Sex:	Race:	Date of Birth:

## EDUCATION INFORMATION

Current School Attending (Name, City, State):

Current Grade:

Are you passing all classes?  Yes  No  N/A      Successfully completed the 8<sup>th</sup> grade?  Yes  No

Ever Been Suspended from School?  Yes  No      If so, explain: \_\_\_\_\_

Ever Been Expelled from School?  Yes  No      If so, explain: \_\_\_\_\_

Ever Been In-School Suspension?  Yes  No      If so, explain: \_\_\_\_\_

Ever Been Sent to an Alternative School?  Yes  No      If so, explain: \_\_\_\_\_

List previous schools attended (including grade, year, city and state): \_\_\_\_\_

## CRIMINAL HISTORY

Ever been issued a citation?  Yes  No      If "Yes", Explain: \_\_\_\_\_

Ever been arrested?  Yes  No      If "Yes", Explain: \_\_\_\_\_

Ever been issued a driver's license or identification card?  Yes  No      What is the number?

Have you ever been questioned by police as a suspect in a crime?  Yes  No      If "Yes", explain:

Have you ever been fingerprinted for any reason?  Yes  No      If "Yes", explain: \_\_\_\_\_

Have you or do you currently use any tobacco products?  Yes  No      If "Yes", Explain: \_\_\_\_\_

Have you or do you currently use any alcoholic products?  Yes  No      If "Yes", Explain: \_\_\_\_\_

Have you or do you currently use any other drug or illegal substance (i.e. marijuana, K2, inhalants, bath salts, meth, cocaine, etc.)?  Yes  No      If "Yes", Explain: \_\_\_\_\_

## FAMILY INFORMATION

Any family members ever been to jail/prison?  Yes  No    If "Yes", Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you or any family member been involved in any court action?  Yes  No  
If "Yes", explain: \_\_\_\_\_

Who lives in your household?

Father's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

List all residences you have lived in for the past 10 years, beginning with the most recent (include full address and years):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT INFORMATION

Ever been fired/terminated from a place of employment?  Yes  No    If "Yes", Explain: \_\_\_\_\_  
\_\_\_\_\_

Are you currently employed?  Yes  No    If "Yes", Explain: \_\_\_\_\_  
\_\_\_\_\_

How many hours per week?  N/A

List your previous employers (include years, city and state): \_\_\_\_\_  
\_\_\_\_\_



Irving Police Department
Explorer Post #252
Waivers



PARENTAL CONSENT

Whereas, \_\_\_\_\_ (Minor's Name), desires to participate in a program being conducted by the Irving Police Department for young adults with an interest in Law Enforcement.

It is hereby understood and agreed that in consideration of the Irving Police Department conducting such activities and providing facilities for a program in connection with the Exploring Division of the Boy Scouts of America (Learning for Life), I hereby agree to allow \_\_\_\_\_ (Minor's Name) to participate.

Parent Signature

Parent Name Printed

Date



CONSENT TO MEDICAL TREATMENT FORM

I/We are the natural parent(s) or guardian(s) of \_\_\_\_\_ (Minor's Name), a minor, who is participating in certain programs sponsored by the Irving Police Department. In the event that I/We cannot be contacted and the said minor shall, by reason of accident, illness, or injury, require any character of medical treatment or surgery, including any and all diagnostic procedures or drugs related thereto, this instrument will authorize the Chief of Police, of the Irving Police Department, or his designate, including any sworn Police Officer of the Irving Police Department, Irving, Texas to consent to the medical treatment of said minor and to do each and every act necessary to provide for aid medical treatment.

Parent/Guardian Signature

Parent/Guardian Signature

Parent/Guardian Name Printed

Parent/Guardian Name Printed

Physical Address (Street, Apt #, City, State, Zip Code)

Home/Cell phone

List below any allergies or medications used by the above listed minor:

\_\_\_\_\_



## WAIVER OF LIABILITY

Name:	Sex:	Race:
Nickname/Alias:	Date of Birth:	Age:
Address:	Home Phone:	Cell Phone:
Parent/Guardian Name(s):		

THE STATE OF TEXAS, COUNTY OF DALLAS, CITY OF IRVING

Known ALL MEN BY THESE PRESENTS:

That we the undersigned \_\_\_\_\_ and \_\_\_\_\_ (Parent/Guardian Names), the legal parents/guardians of \_\_\_\_\_ (Explorer's Name), as an inducement to the City of Irving to allow him/her to participate in its Ride-Along and/or Exploring Programs, and for and in consideration of the City of Irving granting the privilege to him/her to participate in the Ride-Along and/or Exploring Programs including riding as a guest and voluntary observer in a police patrol vehicle, and to accompany an officer(s) of the Irving Police Department on patrol and in the exercise of their duties, and recognizing that police activity involves certain inherent dangers, including but not limited to: motor vehicle accidents, vehicular pursuits, foot pursuits, apprehension of suspects, answering calls for assistance from citizens and other officers, and the possibility of physical danger, harm, accidents, and injuries, do hereby agree to and assume any and all risks attendant to any incident, action, occurrence or activity occurring on public, private, or other property, which affects him/her or us in any manner whatsoever, and do hereby release the City of Irving, it's officials, Police Department, officers, agents and employees, in both their public and private capacities, from any liability, claims, suits, demands or causes of action which may arise in any manner whatsoever from riding with or accompanying an officer or officers of the Police Department as a guest and voluntary observer, including liability, claims, suits, demands or causes of action which arise from the negligence or acts of omissions of the City of Irving, it's officers, agents, employees, and officials.

It is further agreed that the execution of this release shall not constitute a waiver by the City of Irving, it's officers, agents, officials, and employees, of the defense of governmental immunity, where applicable, or to defenses predicated on the Texas Automobile Guest Statute, Art 6701b, V.A.T.S., or any kind or nature, recognized by any court of law, administrative agency, or other entity.

I/We certify that we have read the foregoing instrument, that I/we understand its terms and conditions, that I/we make this waiver voluntarily, and that I/we have not relied upon any representations made by the City of Irving, or its officers, agents, officials, or employees in signing this release. I/We further certify that we understand that in making this waiver of liability we are making a decision of substantial legal significance concerning our child and ourselves.

Additionally, I/We authorize the Irving Police Department to utilize and retain the rights to any photographs/images/videos of the Explorer (child above) that are taken at or during Explorer Program functions or activities. If Explorer is 18 years of age or older, he/she agrees with Waiver of Liability above as indication of signature below.

Explorer's Signature	Explorer's Name Printed	Date
Parent/Guardian Signature	Parent/Guardian Signature	Date
Parent/Guardian Name Printed	Parent/Guardian Name Printed	Date

Notary or Texas Peace Officer: Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public / Texas Peace Officer