

CITY OF PLANO
POLICE DEPARTMENT
APPLICATION FOR LAW ENFORCEMENT EXPLORER

DATE: _____

GENERAL INSTRUCTIONS:

ANSWER EACH QUESTION. IF THE QUESTION DOES NOT APPLY TO YOU, INDICATE WITH N/A. IF THE SPACE AVAILABLE IS INSUFFICIENT, USE A SEPARATE SHEET AND PRECEDE EACH ANSWER WITH THE NUMBER OF THE REFERENCED BLOCK. DO NOT MISSTATE OR OMIT MATERIAL FACTS SINCE THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION TO DETERMINE YOUR QUALIFICATIONS FOR ACCEPTANCE.

PERSONAL INFORMATION:

1. NAME _____ D.O.B. _____ AGE _____
 LAST, FIRST MIDDLE

2. SEX MALE / FEMALE SOCIAL SECURITY NUMBER _____

3. ALIASES _____
 NICKNAME OR ANY CHANGED NAME

4. HOME ADDRESS _____
 PRESENT ADDRESS / NAME OF APT. COMPLEX & NUMBER / STREET / CITY / ZIP

5. HOME PHONE (____) _____ 6. E-MAIL ADDRESS _____

7. HEIGHT/WEIGHT _____ 8. PLACE OF BIRTH _____

9. EYE COLOR _____ 10. HAIR COLOR _____ 11. SCARS _____

12. NAME OF BOYFRIEND / GIRLFRIEND _____

13. BOYFRIEND / GIRLFRIEND D.O.B. _____

14. THEIR HOME ADDRESS _____

15. THEIR WORK ADDRESS _____

EDUCATION: (LIST ALL ELEMENTARY, JUNIOR HIGH, AND HIGH SCHOOLS ATTENDED)

16. NAME	LOCATION	DATES ATTENDED	YEARS COMPLETED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. LIST COLLEGE CREDITS:

NAME OF COLLEGE / UNIVERSITY CREDITS MAJOR AREA OF STUDY

18. HAVE YOU EVER BEEN EXPELLED FROM SCHOOL? YES / NO
19. HAVE YOU EVER BEEN SUSPENDED FROM SCHOOL? YES / NO
20. HAVE YOU EVER BEEN SENT TO AN ALTERNATIVE SCHOOL? YES / NO
21. HAVE YOU EVER BEEN SENT TO IN SCHOOL SUSPENSION? YES / NO
22. HAVE YOU EVER RECEIVED ANY OTHER DISCIPLINARY ACTION? YES / NO

23. IF YOU ANSWERED "YES" TO NUMBERS 18 - 22, EXPLAIN EACH INCIDENT IN DETAIL:

INCIDENT DATE: DETAILS: _____

INCIDENT DATE: DETAILS: _____

INCIDENT DATE: DETAILS: _____

24. HAVE YOU BEEN A MEMBER OF ANY EXPLORER POST? YES / NO

IF YOU ANSWERED "YES" TO #24, GO TO #25. IF "NO", GO TO #26.

25. POST/AGENCY _____ POST # _____ ADVISOR'S NAME _____

DRIVERS LICENSE INFORMATION:

26. _____

KIND OF LICENSE	STATE	LICENSE NUMBER	EXPIRATION	RESTRICTIONS
-----------------	-------	----------------	------------	--------------

27. HAVE YOU EVER BEEN DENIED INSURANCE? YES / NO

28. HAS YOUR LICENSE EVER BEEN SUSPENDED? YES / NO

29. HAVE YOU EVER HAD YOUR DRIVERS LICENSE PLACED ON PROBATION? YES / NO

30. HAS YOUR LICENSE EVER BEEN REVOKED? YES / NO

31. IF YOU ANSWERED "YES" TO QUESTIONS #27 - #30, **EXPLAIN IN DETAIL** THE CIRCUMSTANCES. IF "NO", GO TO #32.

TRAFFIC VIOLATIONS: (LIST ALL ACCIDENTS, PARKING & TRAFFIC VIOLATIONS & ANY WARNINGS YOU HAVE BEEN INVOLVED IN OR RECEIVED REGARDLESS OF WHETHER THEY ARE ON YOUR DRIVING RECORD)

32. DATE	CITY / STATE	AGENCY	CHARGE	DISPOSITION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REFERENCES: KNOWN FOR THREE YEARS OR LONGER (NO EMPLOYEES OR RELATIVES)

33. _____

1) NAME	HOME ADDRESS	HOME PHONE	WORK PHONE
E-MAIL ADDRESS	BUSINESS NAME / ADDRESS	OCCUPATION	
RELATIONSHIP	YEARS KNOWN		
2) NAME	HOME ADDRESS	HOME PHONE	WORK PHONE
E-MAIL ADDRESS	BUSINESS NAME / ADDRESS	OCCUPATION	
RELATIONSHIP	YEARS KNOWN		
3) NAME	HOME ADDRESS	HOME PHONE	WORK PHONE
E-MAIL ADDRESS	BUSINESS NAME / ADDRESS	OCCUPATION	
RELATIONSHIP	YEARS KNOWN		

36. OTHER THAN THE TRAFFIC MATTERS LISTED PREVIOUSLY, HAVE YOU EVER RECEIVED A TICKET OR OTHERWISE BEEN CONTACTED BY ANY LAW ENFORCEMENT AGENCY ABOUT A CRIMINAL MATTER? YES / NO

IF YES, LIST & EXPLAIN EVERY INCIDENT:

DATE: _____ DETAILS: _____

DATE: _____ DETAILS: _____

DATE: _____ DETAILS: _____

37. HAVE YOU BEEN FINGERPRINTED FOR ANY REASON? YES/NO

38. HAVE YOU OR A FAMILY MEMBER EVER BEEN INVOLVED IN A COURT ACTION? YES/NO

39. IF YOU ANSWERED "YES" TO QUESTIONS #37 - #38, EXPLAIN THE CIRCUMSTANCES IN DETAIL. IF "NO", GO TO #40.

40. HAS ANY MEMBER OF YOUR IMMEDIATE FAMILY EVER BEEN ARRESTED? YES/NO

IF "YES" COMPLETE THE FOLLOWING:

NAME	RELATION	DATE	PLACE	CHARGE	DISPOSITION
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

RELATIVES:

41. **FATHER:**

_____	_____	_____	_____
NAME	BIRTH DATE	HOME ADDRESS (IF DIFFERENT)	HOME PHONE
_____	_____	_____	_____
EMPLOYER / OCCUPATION	WORK ADDRESS	WORK PHONE	

42. **MOTHER:**

_____	_____	_____	_____
NAME	BIRTH DATE	HOME ADDRESS (IF DIFFERENT)	HOME PHONE
_____	_____	_____	_____
EMPLOYER / OCCUPATION	WORK ADDRESS	WORK PHONE	

43. **STEPMOTHER AND/OR STEPFATHER:**

_____ NAME	_____ BIRTH DATE	_____ HOME ADDRESS (IF DIFFERENT)	_____ HOME PHONE
_____ EMPLOYER / OCCUPATION		_____ WORK ADDRESS	_____ WORK PHONE

44. **BROTHERS:**

1) _____ NAME	_____ BIRTH DATE	_____ HOME ADDRESS (IF DIFFERENT)	_____ HOME PHONE
_____ EMPLOYER / OCCUPATION		_____ WORK ADDRESS	_____ WORK PHONE

2) _____ NAME	_____ BIRTH DATE	_____ HOME ADDRESS (IF DIFFERENT)	_____ HOME PHONE
_____ EMPLOYER / OCCUPATION		_____ WORK ADDRESS	_____ WORK PHONE

3) _____ NAME	_____ BIRTH DATE	_____ HOME ADDRESS (IF DIFFERENT)	_____ HOME PHONE
_____ EMPLOYER / OCCUPATION		_____ WORK ADDRESS	_____ WORK PHONE

45. **SISTERS:**

1) _____ NAME	_____ BIRTH DATE	_____ HOME ADDRESS (IF DIFFERENT)	_____ HOME PHONE
_____ EMPLOYER / OCCUPATION		_____ WORK ADDRESS	_____ WORK PHONE

2) _____ NAME	_____ BIRTH DATE	_____ HOME ADDRESS (IF DIFFERENT)	_____ HOME PHONE
_____ EMPLOYER / OCCUPATION		_____ WORK ADDRESS	_____ WORK PHONE

3) _____ NAME	_____ BIRTH DATE	_____ HOME ADDRESS (IF DIFFERENT)	_____ HOME PHONE
_____ EMPLOYER / OCCUPATION		_____ WORK ADDRESS	_____ WORK PHONE

RESIDENCES: LIST ALL RESIDENCES YOU HAVE LIVED IN FOR THE PAST 10 YEARS. BEGIN WITH THE PRESENT AND GO BACKWARDS.

46. FROM / TO MONTH & YEAR	STREET AND NUMBER	CITY	STATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HEALTH RECORD:

47. DO YOU HAVE ANY PHYSICAL HANDICAPS, CHRONIC DISEASES OR DISABILITIES WHICH WOULD LIMIT YOUR ABILITIES TO PERFORM THE DUTIES OF A POLICE EXPLORER? YES / NO
48. HAVE YOU EVER HAD A NERVOUS BREAKDOWN? YES / NO
49. HAVE YOU EVER HAD TUBERCULOSIS? YES / NO
50. HAVE YOU EVER USED ANY SUBSTANCE TO GET "HIGH"? YES / NO
51. DO YOU OR HAVE YOU EVER USED ANY ILLEGAL DRUGS? YES / NO
52. DO YOU USE OR HAVE YOU EVER USED ALCOHOLIC BEVERAGES? YES / NO
53. DO YOU USE OR HAVE YOU EVER USED MARIJUANA? YES / NO
54. DO YOU USE OR HAVE YOU EVER USED ANY TOBACCO PRODUCTS? YES / NO
55. IF YOU ANSWERED "YES" TO QUESTIONS #47 - #54, EXPLAIN IN DETAIL.

ORGANIZATIONS: LIST MEMBERSHIPS PAST AND/OR PRESENT IN **ANY** ORGANIZATION

56. ORGANIZATION NAME AND ADDRESS	TYPE (SOCIAL, PROFESSIONAL, ETC.)	OFFICE HELD	MEMBERSHIP FROM / TO
_____	_____	_____	_____/____
_____	_____	_____	_____/____
_____	_____	_____	_____/____

57. HOBBIES & SPORTS LENGTH OF PARTICIPATION LEVEL OF PROFICIENCY

58. COMMUNITY ACTIVITIES

59. AWARDS, COMMENDATIONS OR SPECIAL RECOGNITIONS

OTHER INFORMATION:

60. ARE THERE ANY INCIDENTS IN YOUR LIFE NOT PREVIOUSLY MENTIONED WHICH MAY REFLECT UPON YOUR SUITABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO PERFORM OR WHICH MAY REQUIRE FURTHER EXPLANATION?
YES / NO

IF "YES", EXPLAIN _____

61. AT THIS TIME, DO YOU HAVE A RELATIVE EMPLOYED BY THE CITY OF PLANO? YES / NO

IF "YES", COMPLETE THE FOLLOWING:

NAME _____ RELATIONSHIP _____
CITY DEPARTMENT _____

PARENTAL CONSENT FORM

9/7/01

Whereas, _____, desires to participate in a program being conducted by the Plano Police Department for young adults with an interest in Law Enforcement.

Print Name of Explorer Applicant

It is HEREBY UNDERSTOOD AND AGREED that in consideration of the Plano Police Department conducting such activities and providing facilities for a program in connection with the Exploring Division of the Boy Scouts of America, (we / I) hereby agree to allow him / her to participate.

Parent's Signature

Date

CONSENT TO MEDICAL TREATMENT FORM

I / We are the natural parents or guardian of _____,
Print Name of Explorer Applicant

a minor, who is participating in certain programs sponsored by the Plano 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 Plano Police Department, or his designate, including any sworn Police Office of the Plano Police Department, Plano, Texas, to consent to the medical treatment of said minor and to do each and every act necessary to provide for said medical treatment.

Parent's Signature

Parent's Printed Name

Street Address

City/State/Zip

(H) _____ (W) _____

Please list below any allergies or medication used by the above minor:



**PLANO POLICE EXPLORER POST 911
AGREEMENT OF UNDERSTANDING**

Explorer: _____

I have a full understanding of the rules, policies and procedures that regulate the Ride-A-Long program in general and each tour of duty specifically. These are outlined in the Explorer Manual issued to me at the beginning of my association with Explorer Post 911, as well as discussed extensively in the Ride-A-Long Academy, which I satisfactorily completed on _____. My participation in the Ride-A-Long program is strictly voluntary and is not a required activity of any Plano Police Explorer. I agree to abide by these guidelines and understand that any deviation therefrom may be cause for disciplinary action taken by the Plano Police Explorer Post 911 chain of command up to and including termination, as well as incurring applicable criminal and/or civil liability. I understand that this agreement is in addition to, and not a substitute for the Waiver of Liability signed and notarized upon application for membership in Explorer Post 911.

Explorer Parent/Guardian: _____

It is with my knowledge and consent that _____ is participating as a member in the Plano Police Explorer Post 911 and the Ride-A-Long program. I understand that the rules, policies and procedures that regulate these programs are available for my perusal and am sufficiently satisfied with their content that I grant this consent. I understand that this agreement is in addition to, and not a substitute for the Waiver of Liability signed and notarized upon application for membership in Explorer Post 911.

Explorer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

9/7/01

WAIVER OF LIABILITY

EXPLORER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS PHONE: _____

DATE OF BIRTH: _____ DRIVER'S LICENSE NO.: _____

PARENTS OR GUARDIANS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS PHONE: _____

RELATIONSHIP TO EXPLORER: _____

THE STATE OF TEXAS @

COUNTY OF COLLIN @

CITY OF PLANO @

KNOW ALL MEN BY THESE PRESENTS:

That we the undersigned _____, and _____, the legal parents and guardians of _____ minor (16 years of age or younger) / not minor (17 years of age or older), as an inducement to the City of Plano to allow him/her to participate in its ride along and/or Exploring programs, and for and in consideration of the City of Plano 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 or officers of the Plano 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 Plano, its officials, Police Department, officers, agents and employees, in both their public and private capacities, from any liability, claims, suits, demands or causes of action belonging to him/her or to us as parents or guardians which may arise in any manner whatsoever from riding with or accompanying an officer or officers of the Police Department as guest and voluntary observer, including liability, claims, suits, demands or causes of action which arise from the negligence or acts or omissions of the City of Plano, its officers, agents, employees and officials.

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

We certify that we have read the foregoing instrument, that we understand its terms and conditions, that we make this waiver voluntarily, and that we have not relied upon any representations made by the City of Plano, or its officers, agents, officials, or employees in signing this release. 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.

Parent/Guardian Signature	Parent/Guardian Signature
Printed Name	Printed Name
of _____	
Printed Name of Explorer Applicant	

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledged that he or she has executed the same for the purposes and considerations therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this _____ day of _____ 20____, Notary Public in and for _____ County, Texas.

Signature of Notary
Name of Notary
Date Commission Expires

09/07/01
`
-