

Application

For The

Tyler Police Department

Law Enforcement Explorer

Program



The Tyler Police Department
Law Enforcement Explorer Post #310

711 W. Ferguson
Tyler, TX 75702

(903) 531-1090
FAX- (903) 531-1069



Explorer Application

II. A: APPLICATION/HIRE PROCEDURES

If at any time during the application process the Explorer does not meet the requirements of the Explorer post, he or she may be advised to reapply at a later time or that they are unacceptable for exploring and should consider another field.

Explorer applicants shall be notified if at any time he or she is not accepted (for whatever reason). The notification may be in writing (mail), over the telephone, or in person. The applicant shall be informed of the reason that he or she was not accepted.

II. A. 1: WHO MAY PARTICIPATE- REQUIREMENTS

1.Exploring is for young men and women who are currently fifteen (15) years of age and in high school, and younger than twenty-one (21) years of age.

2.Appropriate weight for height and build.

3.Grade average: shall maintain a "C+" (2.5 Out of 4.0) average in all schoolwork. Grade average used by the Explorers to determine this level is the average determined by the school on the student report cards.

4.Criminal record: have no arrests or convictions that would prohibit employment by the department; nor associate with persons who may match said prerequisite.

5.Parental consent: parent(s) or legal guardian(s) must be advised and aware of the Explorer post. Permission must be granted if less than 18 years old, including signatures of the Explorers and their parents on a general liability release form.

6.Career in police service: have a desire for a career in law enforcement or police service or a desire to learn more about the field of law enforcement.

Note: Under certain circumstances, the above requirements may be waived with the consent of the post advisors.

II. A. 2: APPLICATION PROCESS

II. A. 2. a: PROCESS

1.Submission of complete "POLICE EXPLORER PROGRAM APPLICATION" form. Attend an applicant information meeting.

2.Have parents sign the POLICE EXPLORER PROGRAM APPLICATION, the CONSENT FOR FINGERPRINTS AND/OR PHOTOGRAPHS, a General Liability Release, and a Medical Release form, and return them to the post.

3.All papers shall be submitted accompanying a copy of the applicant's most recent report card, and the information that is presented will be verified in a background investigation.

The background review shall be conducted by an advisor and may be assisted by the Explorer officers. All information provided by the applicant will be verified as true through residence, school, and record checks. After the background review, the Post shall contact the applicant with information for advancement to the next stage of application or rejection.

4.Once the applicants background has been completed the application will be presented to the next scheduled business meeting of the post. Basic information about the applicant will be read to the post along with who the sponsor is. The applicant will be voted upon by the members present and can be approved with a majority vote.

II. A. 2. b: SPONSORSHIP

The Tyler Police Explorers will use a sponsorship application process where the individual requesting membership must be sponsored by another member or advisor for admission.

II. A. 3: HIRE

Once approved by majority attending vote in a regularly scheduled business meeting, the new explorer will be considered a Probationary Explorer and shall be considered a member as of that date. Probationary Explorers are closely monitored to see that their progress is satisfactory and that the actions taken are appropriate of a law enforcement Explorer. During the probationary period, an Explorer can be terminated immediately as a result of any misconduct. For more information, see the probation section under the levels section of the organization section of this manual.



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Please Print

Name (Last, First, Middle) _____

Street Address: _____ City: _____ Zip: _____

Phone Number: _____ Birthdate: _____ Sex: _____

Drivers License Number: _____ Email: _____

School Attending and Grade: _____

Employer: _____

Parent or Guardian (if under 18): _____

Address: _____

Phone: _____ Work Phone: _____

Are you a U.S. Citizen: (Yes / No)

Do you have any Disabilities and if so name them: _____

Have you ever been treated for any Mental or Nervous Conditions? _____

Have you ever been arrested or charged with a crime? _____

If so, Where, When, What: _____

Have you ever been affiliated with a "Gang?" _____ Name: _____

List other extra-curricular activities in which you participate: _____

I certify that the statements made by me in this application are true, complete and correct and are made in good faith. I authorize the investigation of my/my child's background, and hereby release you, your organization, and sponsoring agency from liability or damages, which may result from furnishing the above information. As a Parent/Guardian I have read and approve this application for membership in the Tyler Police Explorer Program and I have granted permission for their joining and involvement. (Parent/Guardian signature required if under 18)

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____



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Consent for Fingerprints and/or Images

All members of the Tyler Police Explorer Post will be subject to being fingerprinted and/or photographed for identification purposes. Photographs or video may also be taken as part of post records to include but not limited to scrapbooks, recruiting, and recording specific events and activities. This consent includes the storage, retrieval, and reproduction of information or images. Photographs, videos, audio recordings and the tapes, negatives, and digital media from which images and sound recordings are made shall be the property of the Tyler Police Explorer Post, which shall have the right to publish, reproduce, distribute, and make other uses free of all claims on my part. Please sign below indicating your consent to the taking of fingerprints and/or pictures for this purpose. If the applicant is less than 18 years old, a parent/guardian signature is required.

I, _____ hereby give my consent to the Tyler Police Department/Tyler Police Explorer Post and their agents to take and store my fingerprints and photographs for the above stated purposes.

Applicant Signature: _____

Parent/Guardian Signature: _____



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MEDICAL FORM

To be completed by every participant in any activity.

Please note that the activity leadership must have the ORIGINAL form. (Some hospitals will not accept copies).
 Activities such as field days, day hikes and conferences and academies where medical staff is available a medical history is required but a physicians evaluation is not required.

Activity such as resident camping, extended outings, hiking & boating in remote areas where medical staff is not readily available requires a physicians evaluation (signature required on 2nd page of this form)

PARTICIPANT INFORMATION: 3 1 0 5 8 5 T Y L E R T X
 (Required) Group/Post No. Local LFL Office No. LFL Headquarters City

 Last Name First Name MI Phone (____) _____

 Address City State Zip
 Registered as (Required): Youth ____/Adult ____ Male ____/Female ____ Age ____/Birth Date ____/____/____

Name of adult leader participating in the activity who agrees to be responsible for this participant _____
 Overnight Activities: All leaders must be registered as an adult with Learning for Life and provide male leaders for male youth participants and female leaders for female youth participants.)

MEDICAL INFORMATION

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, plants, medicines, insect bites Yes No Explain: _____

GENERAL INFORMATION:

	Yes	No		Yes	No		Yes	No
Asthma			Convulsions/Seizures			Hemophilia		
Attention Deficit/Hyperactivity Disorder (ADHD)			Diabetes			High Blood Pressure		
Cancer/Leukemia			Heart Trouble			Kidney Disease		

Explain: _____

List any medications to be taken during the activity _____

List ALL medications taken in the 30 days prior to arrival. _____

List any physical or behavioral conditions that may affect or limit full participation. _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc: _____

IMMUNIZATIONS (Date of last inoculation if known):

Chicken Pox _____	Lyme Disease (not required) _____	Pertussis _____	Rubella _____
Diphtheria _____	Measles _____	Polio _____	TetanusToxoid _____
Henatitis B _____	Mumps _____		

PARENT/GUARDIAN INFORMATION:

Name of parent or guardian _____ Telephone _____
 Home address _____
 City _____ State _____ Zip _____
 Name of personal physician _____ Telephone _____
 Personal health/accident insurance carrier _____ Policy no. _____



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In case of emergency during the activity, notify:

Name: _____
 Relationship: _____ E-Mail Address _____
 Street address _____ City _____ State _____ Zip _____
 () () () ()
 Area Code Day Phone Area Code Evening Phone Area Code Pager/Mobile

If person named above is not available in the event of an emergency, notify:

Name	Relationship	Telephone	E-Mail Address
_____	_____	_____	_____
_____	_____	_____	_____

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if an adult).

Signature of parent/guardian _____ Date _____

STATEMENT OF UNDERSTANDING and SIGNATURES (To be completed by all adult and youth participants)

I understand the importance of providing accurate medical information, and I certify to the accuracy of the foregoing information and that I am in good health and know of no personal physical limitations that would prevent my full participation in the conference (unless noted).

In the event of illness or injury occurring to me or to my son/daughter (if applicant is younger than 18) during attendance at the conference, I do hereby consent to whatever X-ray examination, anesthesia, medical or surgical diagnostic procedure, or treatment is considered reasonable and necessary in the best judgment of the attending licensed physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services.

I understand that this application includes my request for other personal accident insurance to be purchased on my behalf, and the cost of this insurance is included in the registration fee.

I understand that in the event of a serious illness or injury, reasonable efforts to notify those listed in case of emergency will be attempted.

As an Adult Leader I will follow activity requirements for participation or as a youth participant, I will be responsible to my Adult Leader.

Does your group/post currently have accident and sickness insurance on adults and your participants? Yes ___ No ___

Insurer: _____

Policy expiration date _____ **Policy No.** _____

Signature of participant _____ **Date** _____

Signature of parent or guardian _____ *(Required if participant is younger than 18)*

Signature of Adult Leader * _____ **Group/Post No.** _____ **LFL No.** _____

* **Overnight Activities:** All leaders must be registered as an adult with Learning for Life and provide male leaders for male youth participants and female leaders for female youth participants.

REQUIRED FOR PARTICIPATION IN A CAMPING EXPERIENCE: COMPLETE THE PHYSICIAN'S OR LICENSED HEALTH-CARE PRACTITIONER'S EVALUATION.

PHYSICIAN'S OR LICENSED HEALTH-CARE PRACTITIONER'S EVALUATION
 Approved for participation in: Hiking and camping Competitive sports Water activities All activities
 Specify exceptions _____
 Recommendations (explain any restrictions OR limitations): _____

 Signed by Physician or Licensed health-care practitioner* _____ Date _____
 *Examinations conducted by licensed health-care practitioners other than physicians will be recognized for Learning for Life purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.

