

611 W. 22nd Street  
385-6912

# MERCED POLICE DEPARTMENT EXPLORER APPLICATION



Date: \_\_\_\_\_

## Personal

Name: \_\_\_\_\_  
(Last, First, Middle)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License (if applicable): \_\_\_\_\_

## Family

Father: \_\_\_\_\_  
(Last, First, Middle)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Same address as me? Yes

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother: \_\_\_\_\_  
(Last, First, Middle)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Same address as me? Yes

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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## School

School: \_\_\_\_\_ City: \_\_\_\_\_

School's Phone: \_\_\_\_\_ Grade: \_\_\_\_\_ GPA: \_\_\_\_\_  
(2.0 required)

Do you plan to attend college? Yes  No

Intended Major: \_\_\_\_\_

Career Goals:

## Employment

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

How Long: \_\_\_\_\_

Duties:

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## References

List (3) adult references that are **not** relatives:

Name: \_\_\_\_\_ Relationship to Me: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Me: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Me: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

## Affiliations and Memberships

List any organizations that you are currently a member of:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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## Awards and Recognition

List awards/recognitions that you have received:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## History/Background

1. Are any of your family members associated with law enforcement? Yes  No

Name: \_\_\_\_\_ Relationship to Me: \_\_\_\_\_

Agency/Position: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Have you ever had law enforcement contact? Yes  No

Agency: \_\_\_\_\_

Reason for contact?: \_\_\_\_\_

3. Have you ever been arrested or issued a citation? Yes  No

Issuing Agency: \_\_\_\_\_

Violation: \_\_\_\_\_

4. Do you own a firearm? Yes  No

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

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5. Do you have a basic firearm basic training certificate? Yes  No

6. List the cities and states where you have lived for the past ten (10) years. Also list the approximate dates when you resided at each location:

City/State:

Date (from/to):

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## Exploring

What can you offer to the field of Law Enforcement Explorers?

Why do you desire membership into the Explorer Post?

\*\*Basic Training meetings are mandatory until completed. Will you be able to attend these mandatory meetings? Yes  No

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If you have a vehicle, would you be able to use it to attend Post functions?

Yes  No

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Licence Plate: \_\_\_\_\_

Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

\_\_\_\_\_

## Medical Information

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Physical Disabilities:

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## Authorization Release Form

I, \_\_\_\_\_, understand that any portion of this form is subject to examination by the Merced Police Dept. I further acknowledge all the information contained will be used solely for the Explorer Program and for no other purpose. All of the information contained in this application is true and correct to the best of my ability. I further understand that this application will become the property of the Merced Police Dept.

As an applicant for an explorer position with the Merced Police Department, I understand that there may be an investigation into my background to determine if I possess the requisite personal and moral fitness to hold this position.

I hereby authorize your organization, its officers, agents, and employees to release any and all information, which you may possess about me for purposes of evaluating me for stability as an explorer with the Merced Police Dept. This includes information which may be deemed confidential, privileged, and/or derogatory in nature such as employment records, character references, and local criminal history information pursuant to State Law.

I hereby exonerate, release, and discharge your organization, its officers, agents, and employees from any liability or damages, whether in law or in equity, now and in the future, for complying with its requests and for furnishing the information requested by the bearer of this authorization form.

I specifically waive any rights I may have to review or inspect any and all of the information developed in this investigation, so your responses will remain completely confidential. You may retain a copy of this form in your files.

\_\_\_\_\_  
Applicant Typed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Typed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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## Consent to Treat a Minor

We the undersigned parent(s)/guardian(s) of \_\_\_\_\_, a minor child, do hereby consent to any X-ray examination, anesthetic, medical or surgical diagnostic examination, treatment, and/or hospital service that may be rendered to said minor under the general or specific instructions of a medical doctor licensed to practice in the State of California or other state, whether such diagnosis is rendered at the doctor's office or at a hospital licensed by the state.

It is understood that this consent is given in advance of any specific diagnosis or treatment which may be required and is given in order that such physician may have the opportunity to exercise his/her best judgement as to the action which may be necessary or required to protect the life and health of said minor.

We/I understand that if our/my son/daughter is injured while on any Explorer Post activity, he/she will be given medical treatment. We/I hereby consent to medical treatment being given without financial obligation being incurred by any Explorer Post Advisor, the City of Merced, or the Merced Police Dept.

This authorization is given pursuant to the provisions of section 25.8 of the California Civil Code.

This consent shall remain effective until revoked in writing by the parent(s)/guardian(s) of the above-mentioned minor.

_____ Applicant Typed Name	_____ Applicant Signature	_____ Date
_____ Post Advisor Printed Name	_____ Post Advisor Signature	_____ Date



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## Explorer Equipment Agreement

The Explorer Post issues all equipment to each Explorer to be used in performance of his/her duties. This equipment belongs to the Post and is not permanently given. Upon leaving the Post, the equipment must be returned or replaced by the Explorer.

If you purchase a uniform, it belongs to you when you leave. This includes your shirt, pants, and/or boots. If the Post purchased the uniform, it belongs to the Post and must be returned to the Post. If you lose, fail to return, or if proper care is not given to your equipment and there is damage beyond normal wear and tear, you will be financially responsible for replacement cost.

_____	_____	_____
Applicant Typed Name	Applicant Signature	Date
_____	_____	_____
Parent/Guardian Typed Name	Parent/Guardian Signature	Date

## Explorer Waiver of Liability

In consideration of being permitted to ride in a Merced Police Dept. vehicle, the undersigned assumes all risks of damage or loss to either person or property from all and every cause, including negligence, violation of the law, or willful misconduct on the part of the Merced Police Dept, its officers, employees, or agents during such ride or as an incident thereto, or in connection therewith it being the understanding that the City of Merced, the Merced Police Dept, its officers or agents, incur no liability or obligation to the undersigned, his/her heirs, successors or assigns other than to permit him/her to ride in such vehicle as such times as may be mutually agreed upon. This waiver applies to each and every ride, which the undersigned may take in a Merced Police Dept. vehicle.

_____	_____	_____
Applicant Typed Name	Applicant Signature	Date
_____	_____	_____
Parent/Guardian Typed Name	Parent/Guardian Signature	Date
_____	_____	_____
Post Advisor Printed Name	Post Advisor Signature	Date

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## Explorer Authorization to Release Information

As an applicant for the position of Explorer with the Merced Police Dept Explorer Program, I am required to furnish information for use in determining my qualification. I do hereby authorize the release and full disclosure of any or all information that you may have concerning me. Including information of a confidential or privileged nature, to any duty authorized agent of the Merced Police Dept.

I hereby release you, your organization, or others from liability or damage, which may result from furnishing the information requested.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

_____ Applicant Typed Name	_____ Applicant Signature	_____ Date
_____ Parent/Guardian Typed Name	_____ Parent/Guardian Signature	_____ Date
_____ Post Advisor Printed Name	_____ Post Advisor Signature	_____ Date

# MERCED POLICE DEPARTMENT

## EXPLORER APPLICATION



### Explorer Statement of Professional Ethics

I, as an Explorer for the Merced Police Dept., am responsible for providing service to the citizens of the City of Merced. I serve with professional pride and want the citizens of Merced to share in this pride. The law enforcement profession is difficult and demands dedication far beyond most other professions. For that reason, I ascribe to the following traits and values to be the foundation of my commitment to public service, safety, and security.

I will make integrity the cornerstone of my commitment to the Explorer Program. I will be honest, open, and fair in the performance of my duties. I will be responsible for my actions and ensure my behavior is beyond approach.

I will perform my duties with professionalism as a premise. I will strive and maintain a level of professionalism that will serve as an example to those around me. I will dedicate myself to the challenge of gaining knowledge and proficiency necessary to become the best I can be as an Explorer.

I will pledge my loyalty to my fellow Explorers and the department. I acknowledge the fact that my primary responsibility as an Explorer is to learn and serve.

I will always display an attitude of pride to the department and my fellow Explorers. I will act in a responsible manner when on and off duty. I realize my actions and words will be viewed as a reflection of the department and all it stands for.

I will ensure respect is a value reflected in my dealings with the public and other members of this department. I will not permit personal feelings, prejudices, animosities, or friendships to influence my decisions. I recognize the duty of an Explorer it to learn the ethics of good citizenship and law enforcement. I will constantly strive to achieve these objectives and ideals.

I will be strong in my dedication to public service and devotion to the mission of the department. I shall serve my community as an Explorer with the department and take pride in my performance. I expect no monetary gain for my service.

As an Explorer, I will have the courage to maintain my commitment to the above principles. Their application must be consistent and in wavering for there is not room for prejudice, injustice, and misconduct in law enforcement.

\_\_\_\_\_  
Applicant Typed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Post Advisor Printed Name

\_\_\_\_\_  
Post Advisor Signature

\_\_\_\_\_  
Date