



Warren Township Police Explorers Post #2435



Thank you for taking interest in the Warren Township Police Explorer Program. This program has been an integral part of the Warren Township Police Department's history, dating back to the early 1970's. The program has been successful in providing today's young leaders a behind the scenes look at the inner workings of law enforcement. This valuable insight provides an early exploration into a career in law enforcement. Numerous Explorers have completed this program and went onto prestigious colleges, military service, law enforcement and other civil service careers.

The following will help you answer any questions you may have about the Exploring Program.

What is "Exploring"?

Exploring is for young men and women of high school ages 14 to 21. The intent of law enforcement Exploring is to educate youth in police functions/operations, whether they choose to enter a career in law enforcement or not. Exploring can enhance each member's experience by encouraging participation in a rewarding hands on setting, while performing a productive community service based activity.

What Do Explorers Do?

Explorers have the opportunity to volunteer at community events such as: performing security work, directing traffic, fingerprinting small children, and helping with Crime Prevention Programs.

Members can also learn first hand how Police Officers do their jobs. Officers and Detectives with special skills are invited to meetings to explain how the different divisions of the Police Department operate.

Explorer Training:

Explorer Posts conduct a variety of programs and projects featuring safety, training, and service. The following listing is an example of some of the activities the Explorers may participate.

- The history of law enforcement
- Introduction to law enforcement
- Note taking and study habits
- Patrol procedures
- Traffic control
- Crash investigation
- Criminal investigation
- Crime scene investigation
- Search and arrest procedure
- Crowd control procedures

Warren Township Police Explorer Application Packet

General Membership Requirements

- Applicants must be between 14 and up to 21 years of age.
- Parental approval must be obtained.
- School transcripts demonstrating a 2.5 grade point average, or better *must be enclosed with the application.*
- The applicant must be in good health and without physical condition(s) that will endanger them, or another member of the Police Department.
- The applicant must be of good moral character (*Driving records will be considered*)
- Upon appointment to the Post, a mandatory six months probation period must be served.
- All applicants must successfully pass a background investigation including, but not limited to, a criminal history records check.
- None of the above requirements is intended to be an automatic disqualifier. All the above are taken into consideration when considering an applicant. If you feel that there are special circumstances that should be considered when applying, contact the Explorer Advisor.

Instructions

- Application must be typed or neatly printed.
- Fill in all blanks. If an item does not apply to you put in N/A (not applicable).
- Give complete and accurate information.
- Be sure that you and/or your parents sign the forms in the appropriate places.
- Additional page provided at the end of the application for further information for any section. Note the section for any information added.
- INTENTIONAL WITHHOLDING OF INFORMATION OR FALSIFICATION OF INFORMATION ON THIS APPLICATION WILL RESULT IN IMMEDIATE DENIAL OF ACCEPTANCE.
- If the applicant is accepted and falsification is later discovered, the Explorer will be dismissed without recourse.
- Incomplete packets WILL NOT BE ACCEPTED.
- Include a recent 2" x 2" photo of the applicant in the packet depicting their head and shoulders.
- Please attach a letter of recommendation from a current or former teacher that will enlighten the Explorer Post as to why the applicant should be chosen to participate in this program.

Completed packet should be mailed or delivered to:

**Warren Township Police Department
Attn: Explorer Advisor
44 Mountain Blvd
Warren, NJ 07059**

Personal Information:

Full Name: _____

Do you have a nickname or a name you prefer to be called? _____

Address: _____

Home phone: _____ Cell: _____

Email: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Hair color: _____ Eye color: _____ Eye glasses/contacts: _____

Scars/tattoos: _____

Education:

School: _____ Grade: _____

GPA: _____ Extracurricular activities: _____

Have you ever been suspended from school? _____ If yes, when, why, and for how long?

How many days absent/tardy last semester/quarter? _____

Employment Information:

Are you employed? _____

Place of Employment: _____

Address: _____

Phone Number: _____ Immediate Supervisor: _____

Hours per week: _____ Job title: _____

License/Vehicle Information:

Driver's License number: _____ State: _____

Primary vehicle operated by explorer applicant:

Registration: _____ State: _____ Year: _____

Make: _____ Model: _____ Color: _____

Family Information:

Parent/Guardian:

Name: _____

Address: _____

Home phone: _____ Cell: _____

Parent/Guardian:

Name: _____

Address: _____

Home phone: _____ Cell: _____

Sibling

Name: _____ Age: _____

Address: _____

Home phone: _____ Cell: _____

Sibling

Name: _____ Age: _____

Address: _____

Home phone: _____ Cell: _____

Questionnaire:

Career interests:

List any traffic violations you have received:

Please list all non-traffic contacts you have had with police. Include all arrests, charges, dates of arrest, and disposition:

Have you ever used illegal drugs/alcohol? _____ If yes, what, when, and where?

Additional education and training (other than elementary and current school):

What skills do you possess that would be helpful as an explorer?

In your own words, explain why you want to become a Police Explorer:

List three adult references; only one may be a relative:

Name: _____

Address: _____

Home phone: _____ Cell: _____

Name: _____

Address: _____

Home phone: _____ Cell: _____

Name: _____

Address: _____

Home phone: _____ Cell: _____

I am hereby applying for admission into the Warren Township Police Department Explorer program. All of the above information is true and accurate to the best of my knowledge. I further authorize and request that you make available to any duly authorized representative of the Warren Township Police Department, all information concerning my background, employment history, personal character, and criminal history. This is in connection with my application for participation with the Police Explorers.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Waiver of Liability, Release of Claims, and Indemnification

In consideration of admission into the Warren Township Police Explorer program and permission to engage in Warren Township Police Explorer activities which further my or my child's education and knowledge of police activities; I, the undersigned, hereby agree to indemnify and hold harmless the Township of Warren, its officials, officers, employees, agents, and volunteers from any and all claims, injuries, or damages of any nature, sustained to my person or property which occur as a result of my, or my child's involvement in Warren Township Police Explorer activities including damage or injuries which occur while I or my child are accompanying members of the Warren Township Police Department as they conduct their official duties.

I further release and waive any and all claims and causes of action, including but not limited to actions based on negligence, which may arise against the Township of Warren, its officials, officers, employees, agents and volunteers, as a result of any injury to my or my child's person or property which occur as a result of or during my or my child's involvement in Warren Township Police Department Explorer activity or while I or my child are accompanying members of the Warren Township Police Department during their official duties.

I further agree for myself, my heirs, executors, administrators, and assigns, to defend and indemnify the Township of Warren, its officials, officers, employees, agents and volunteers, their sureties against any and all actions, suits, debts, claims, demands, damages, liability, or expenses of any kind incurred or arising by reason of any actual or claimed negligence or wrongful act or omission of mine or my child's while accompanying any Warren Township official, officer, employee, agent, and volunteer, or while engaging in any Warren Township Police Explorer activity. All parties signing below endorse the preceding three paragraphs as their own and represent that the waiver of liability, release of claims, and indemnification is entered into a knowing and intelligent manner and pursuant to his or her free will.

APPLICANT'S SIGNATURE: _____

SIGNED THIS _____ DAY OF _____, 20_____

WITNESSED: _____

(Witness must be someone other than the applicants' guardian and must be above the age of 18)

PRINT NAME: _____

PARENT'S SIGNATURE: _____

Warren Township Police Department Hold Harmless Agreement

In consideration of the Township of Warren granting the undersigned the opportunity to accompany an employee of the Warren Township Police Department in the performance of said employee's duties by riding with said employee in a township owned vehicle; and the undersigned, recognizing the fact that the duties of the officers of the Township are inherently dangerous and that no duty is owed to the passenger while such employee is engaged in his or her official duties, hereby assumes all risks attendant upon such activity and agrees to hold the Township of Warren, its officials, officers, employees, agents, and volunteers harmless from any and all claims which may arise as a result of the undersigned's accompanying said employee of the Township of Warren.

I have read the above and yet desiring to accompany an employee of the Warren Township Police Department, have agreed on this _____ day of _____, 20_____.

Applicant's signature: _____

THE REMAINDER OF THIS FORM MUST BE COMPLETED BY A PARENT OR GUARDIAN OF ANY PERSON WHO IS UNDER EIGHTEEN (18) YEARS OF AGE WHO IS APPLYING TO BECOME A WARREN TOWNSHIP POLICE EXPLORER.

I, _____, the parent or legal guardian of the above Explorer Applicant, have read this hold harmless agreement and hereby consent to the minor/applicant accompanying a Warren Township employee by riding with the employee in a Township owned vehicle and knowing of the risks involved and assuming same, hereby agree to hold the Township of Warren and its officials, officers, employees, agents, and volunteers harmless from any and all claims which may arise as a result of the above minor/applicant accompanying said employee of the Township of Warren.

Signature: _____

Address: _____

City: _____, State: _____ Zip: _____

Medical Consent Form

I, _____ am the parent and/or legal guardian of _____ who is an applicant of the Warren Township Police Explorers Post #2435, hereby give my consent to allow a Warren Township Police Officer or adult member of Post #2435 sign a medical consent to treat my son/daughter at any medical facility in the event he/she is injured while engaging in any Post activities and I am not immediately available. I also certify that my son/daughter is in good health and I will immediately notify the Post Advisor of any life threatening medical issues that may limit the applicant's ability to participate in certain activities.

Parent/Guardian Signature: _____ Date: _____

The below information is requested for in case of emergencies:

Secondary contact person should neither parent/guardian be available:

Name: _____

Address: _____

Home phone: _____ Cell: _____

Primary Physicians name: _____ Telephone: _____

Address: _____

Allergies: _____

Medication(s): _____

Physical limitations: _____

Statement of Understanding

(Must be notarized)

I HEREBY REPRESENT THAT I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THIS DOCUMENT CONSISTING OF GENERAL MEMBER REQUIREMENTS, WAIVER OF LIABILITY, APPLICATION, AND HOLD HARMLESS AGREEMENT, AND UNDERSTAND THE CONTENTS OF THESE DOCUMENTS AND SIGN SAME OF MY OWN FREE WILL.

EXECUTED AT _____, ON THIS _____ DAY OF _____, 20_____

SIGNATURE OF APPLICANT: _____

PARENTS INITIALS: _____

AS PARENT OR GUARDIAN OF _____, I HAVE READ THE ATTACHED FORMS AS NOTED ABOVE AND AGREE TO ALL OF THE TERMS CONTAINED THEREIN.

SIGNATURE OF PARENT OR GUARDIAN: _____

DATED: _____

NOTARY REPUBLIC: _____