

Dear Explorer Applicant,

We are pleased that you have shown interest in the Miramar Police Department Explorer Program. The Explorer program is the best program that young men and women can become involved in to learn about a future in law enforcement. We hope that you will be able to attend our weekly meeting and become a member of this worthwhile and rewarding program.

The Miramar Police Explorer Program is set up as an introduction to various phases of law enforcement. It is sponsored by the Miramar Police Department and chartered annually through the Exploring/Learning for Life Division of the Boy Scouts of America. The program functions locally under the auspices of the local Boy Scout Council. The Miramar Police Explorer Program is directed by Miramar Police Department sworn personnel.

To begin the application process, please complete the enclosed application and bring it with you to one of our weekly meetings.

Explorer meetings are held on Thursday evenings from 6:00pm to 9:00pm. The meeting are held at the Miramar Police Department located at 11765 City Hall Promenade, Miramar, FL 33025

If you have further questions, please contact Sergeant Jason Sorrell, Post Advisor at 954-602-4181 or e-mail at Explorers@MiramarPD.org

Our website also contains information regarding our program. Please visit it at www.MiramarPD.org.

Sincerely,

Sergeant Jason Sorrell

Sergeant Jason Sorrell
Head Post Advisor

A few things you should know about the Miramar Police Explorer post prior to joining:

You must meet all of the requirements to join the Explorer Program prior to applying, such as: school grades, no serious arrests or convictions, good moral character, etc.

If accepted into the Explorer Program, you will be expected to maintain these standards throughout your stay in the Explorer Post. If you do not maintain these standards, you could be removed from the program.

If accepted in the Explorer Program, you will be required to purchase a uniform within one month of acceptance. The uniform will consist of black BDU pants, black boots, one nylon under-belt and one nylon duty belt. This uniform can be costly, therefore, until a uniform is acquired, you will be required to wear a white polo style shirt, black pants, and black shoes to meetings and trainings. Another part of the uniform that is considered mandatory is a small pocket notebook and two black ink pens, which will need to be purchased and be with you at every meeting unless instructed otherwise.

If accepted into the Explorer Program, you will be required to maintain good grooming standards on hair length and appearance, facial hair, and general appearance. These standards are to be met by the next meeting after you have been accepted. These standards will also be maintained throughout your stay in the Explorer Program or you could be removed.

Each Explorer is expected to attend 80% of the weekly meetings and at least three (3) community events (details) throughout the year.

As an Explorer, you will be required to accept constructive criticism and occasional discipline. The discipline for minor infractions may include, but is not limited to memos, pushups and/or running. You must be willing to accept and perform the assigned discipline when asked. Any occurrence of dishonesty, and/or deception is grounds for immediate termination from the Explorer Program.

The Miramar Police Explorer Program has and maintains high standards. We expect all of our members to be proud of who they are and proud to belong to this organization. We will not make exceptions to our high standards as we do have a reputation to live up to.

Therefore, if you do not feel that you are capable of following these simple rules and requirement, we suggest that you reconsider applying for this program. If you do feel that you can follow these rules and requirements, we invite and welcome your application to be a Miramar Police Explorer.

MIRAMAR POLICE EXPLORER APPLICANT REGISTRATION FORM

READ THE FOLLOWING INFORMATION CAREFULLY AND COMPLETELY

Those persons responsible for accepting applications into the Miramar Police Explorer Program will evaluate this registration form. It will be reviewed as part of a background investigation into your personal history.

All applicants are required to complete this registration form as part of the application process.

ANY FALSE, MISLEADING OR INCOMPLETE INFORMATION OR FAILURE TO FOLLOW INSTRUCTIONS LISTED BELOW WILL BE GROUNDS TO DISQUALIFY YOU FOR MEMBERSHIP IN THE MIRAMAR POLICE EXPLORER PROGRAM.

FOLLOW THESE DIRECTIONS CAREFULLY:

- Use black ink to complete this registration form.
- Complete the forms in your own handwriting. DO NOT TYPE.
- Read each question carefully.
- Answer each question accurately and completely.
- Answer all questions.
- If a question does not apply to you, write "N/A" in the box.
- If you need additional space, write answer on a separate piece of paper and attach.
- You must submit with this application a copy of your Birth Certificate, Drivers License (if applicable) and your most current report card.
- Before returning, make sure all required signatures are completed.

Events such as traffic tickets or Police interaction may not necessarily be a reason for not being accepted into the Explorer Program, but failure to provide complete disclosure of these past incidents will be grounds for refusal of admission to the program. Be completely honest in this application.

MIRAMAR POLICE DEPARTMENT
Police Explorer Program
Post 747

Enrollment Application

Name: _____ (Last, First) DOB: _____

Address: _____ (Street)

(City, State Zip Code)

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Place of Birth: _____ Are you a United States Citizen: _____

If Naturalized, Give Date: ___/___/___ Social Security Number: _____

Drivers License Number: _____

Height: _____ Weight: _____ lbs. Sex: ___ Hair Color: _____ Eye Color: _____
(Ex: 20/40)

Mother's Name: _____ Home Phone: _____

Address: _____ (Street, City) Cell Phone: _____
_____ Work Phone: _____

Father's Name: _____ Home Phone: _____

Address: _____ (Street, City) Cell Phone: _____
_____ Work Phone: _____

School: _____ Grade Level: _____

Name of SRO: _____ GPA: _____

How Did You Hear About Explorers? : _____

Were You Recruited? : _____ If Yes, By Whom? : _____

Have You Ever Been Suspended From School? : _____ If Yes, When and Why: _____

Have You Ever Been Arrested? : _____ If Yes, When and Why: _____

List Your Interests, Hobbies, Clubs, Activities, and Honors at School: _____

Are You Planning a Career in Law Enforcement? : _____

What Do You Feel You Can Bring To the Program and the Miramar Police Department? : _____

Applicants Signature: _____ Date: _____

Explorer Sergeant: _____ Date: _____

Explorer Captain: _____ Date: _____

Advisor: _____ Date: _____

Health History Questionnaire

Applicant's Name: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Physicians Name: _____ Phone: _____

Insurance Provider: _____ Policy Number: _____

Answer the Following With Either a Yes or No to the Following Conditions You Have or Had:

_____ Asthma _____ Fainting Spells _____ Convulsions
_____ Diabetes _____ Heart Problems _____ Bleeding Disorder
_____ Allergies to Medication, Food, Insect, Etc. If Yes, Please List Which: _____

Do You Have Any Condition That Requires Regular Medication? _____

If Yes, Please Name Medication and How Often: _____

Do You Have Any Medical Conditions That Restrict You From Engaging in Physical Activities Such as Push Ups, Sit Ups, Jumping Jacks, Running and/or Heavy Lifting? : _____

Immunizations (List Date of Inoculation)

Tetanus Toxoid: _____ Diphtheria: _____ Polio: _____

Measles/Mumps/Rubella: _____ Pertussis: _____

Medical Release

In the matter of _____, I/We know of no health or fitness restriction that precludes the participation in the Explorer program for Miramar Police Explorer Post #747, sponsored by the Miramar Police Department.

In the event of serious illness or injury to _____ while involved in this activity, I/We consent to emergency medical treatment, x-ray examination, anesthesia, medical or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the emergency medical technician/ paramedic and the attending physician, and is performed under the supervision of a member of the medical staff of the hospital furnishing the medical service.

It is understood that in the event of a serious illness/injury, reasonable efforts to reach me/us will be attempted.

Verification Statement

I affirm that this registration form contains no misrepresentations or falsifications, omissions, or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this registration form are subject to later investigation. I am further aware that should any investigation disclose any misrepresentation, falsification, omission, or concealment or material fact, my application may be rejected and I will not be eligible to become an Explorer with the Miramar Police Department.

I realize that it is necessary for the Miramar Police Department to thoroughly investigate all aspects of my personal background in qualifications. By applying to be a volunteer with the Miramar Police Department, I expressly waive all my legal rights and causes of action to the extent that the Miramar Police Department investigation (for purposes of evaluating my suitability) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

The undersigned further agrees to hold harmless and release from liability, under any and all possible cause of action, the City of Miramar, the Miramar Police Department, their Officers, and employees for any statements, acts, omissions in the course of the investigation into my background, family, personal habits and reputation, and my mental and physical health.

I also agree to participate in the Explorer activities if accepted into the Miramar Police Explorer Post 747. I agree to exonerate and hold blameless the Chief of Police of the City of Miramar, its Officers, Advisors and Explorers in the event of any accident or injury which may occur as a result of my participating in the Exploring activities with this organization.

Applicants Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent Authorization

The information in this application is correct to the best of my knowledge, and the person herein described is authorized to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the Physician, selected by the representative of the Miramar Police Department (Adult Leader) to hospitalize, secure proper anesthesia, and/or to order injections for my son/daughter. I agree to exonerate and hold blameless the Chief of Police of the City of Miramar, its Officers, Advisors and Explorers in the event of any accident or injury which may occur as a result of my participating in the Exploring activities with this organization.

Signature of Parent/Legal Guardian: _____ Date: _____

State of _____

County of _____

BEFORE ME, an officer duly authorized by law to administer oaths and take acknowledgements personally appeared _____ as _____, and acknowledged he/she executed the foregoing agreement and that its contents are true and correct.

IN WITNESS OF THE FOREGOING, I have set my hand and official Seal in the County and State aforesaid on this _____ day of _____, 20____.

Notary Public

(Seal)

My Commission Expires: _____

**Miramar Police Explorers
Post 747
Activity Consent Form**

Minor / Child

In consideration of participation in the activities of the Miramar Police Explorer program, I, the undersigned parent or legal guardian of the minor / child, whose name appears below, waive and release any and all rights and claims for injury or damage and COVENANT NOT TO SUE the Miramar Police Department, the City of Miramar, its agents or employees and individual sponsors, including owners and drivers of vehicles used for travel on any trips sponsored by the Miramar Police Department, or any and all injuries sustained in sponsored events, including pre and post-event activities. Further, I hereby grant full permission to any and all of the foregoing to use photographs, videotapes, motion pictures, recording or any record of any event for any purpose whatsoever.

Print Name of Minor / Child

Signature of Parent or Legal Guardian

Print Name of Parent or Legal Guardian

Date

Information Sheet

First Name: _____ Middle Initial: _____
Last Name: _____ D.O.B.: _____
Address: _____ Apt #: _____
City: _____ State: _____ Zip Code: _____
Gender: _____ Date Joined: _____
Shirt Size: _____ Pant Size: _____
Cellular Phone #: (_____)_____-_____- Home Phone #: (_____)_____-_____

Mother's Information

First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____
Cellular Phone Number: (_____)_____-_____- Home Phone #: (_____)_____-_____

Father's Information

First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____
Cellular Phone Number: (_____)_____-_____- Home Phone #: (_____)_____-_____

EMERGENCY CONTACT

First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____
Cellular Phone Number: (_____)_____-_____- Home Phone #: (_____)_____-_____

**VOLUNTEER RELEASE AND WAIVER FOR MINOR AND REQUEST
FOR PARTICIPATION IN PISTOL TEAM PROGRAM AND FIREARMS
TRAINING AND HOLD HARMLESS AGREEMENT**

The undersigned, being the parent(s) or legal guardian(s) of Explorer _____ (first and last name), a minor under the age of 18 years, does hereby request that said minor be granted permission to participate in the Miramar Police Explorer's pistol team and to train with a certified Miramar Police Firearms Instructor. The above named minor is presently enrolled as a Police Explorer and the undersigned acknowledges that he/she will directly benefit by the experience obtained as a result of his/her participation in this Explorer Pistol Team Program.

The undersigned acknowledges that they are fully aware of the nature of the activities described therein. Furthermore, the undersigned realizes and appreciates the inherent dangers of firearms training (which includes, but is not limited to simunitions training) and the possibility that situations may arise which could result in exposure to physical harm or injury, including but not limited to paint splash, bullet ricochet and lead splatter. The undersigned, on behalf of the named minor, freely and voluntarily accept these risks.

In consideration of the City of Miramar granting my child permission to participate in the Pistol Team Program and Firearms Training, the undersigned give permission for my minor child, _____ to participate in the above activity and/or program and hereby agree to sign this Release and Waiver.

**NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN
PURSUANT TO SECTION 744.301, FLORIDA STATUTES**

**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE
AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY
DANGEROUS ACTIVITY.**

**YOU ARE AGREEING THAT EVEN IF THE CITY OF MIRAMAR USES
REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE
YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING
IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN
THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED.**

**BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S
RIGHT AND YOUR RIGHT TO RECOVER FROM THE CITY OF
MIRAMAR IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH,
TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE
RISKS THAT ARE A NATURAL PART OF THE ACTIVITY.**

**YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND
THE CITY OF MIRAMAR HAS THE RIGHT TO REFUSE TO LET YOUR CHILD
PARTICIPATE IF YOU DO NOT SIGN THIS
FORM.**

Accordingly, I/we, both individually and in the representative capacity of my child, agree to unconditionally release, waive, and discharge the City of Miramar, its Commission members, employees, agents, and servants, all hereafter referred to as "releasees," from all claims and courses of action, that I, my personal

representatives, assigns, heirs, and next of kin, may have for any loss, damage, or injury to person or property, whether caused by the negligence, or otherwise of the releasees. In addition, I agree to release against all claims, demands, and actions arising out of either my own and/or my minor child's actions or involvement with the City of Miramar.

I certify and warrant that my minor child is in good health and physical condition and is able to participate in the above activity and/or program. Additionally, I agree that my minor child will adhere to all applicable rules and regulations of the City of Miramar.

I have carefully read the foregoing release and waiver, including the statutory notice on the first page, and know the contents thereof. I understand the contents of this Release and Waiver and I am signing this Release and Waiver as my own free act.

I expressly agree that this Release and Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

In Witness Whereof, I have executed this Release and Waiver on _____,
20_____

By: _____
(Signature of Parent/Guardian)

By: _____
(Printed Name of Parent/Guardian)

WITNESS: _____
(Signature of Witness)

(Printed Name of Witness)

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing document/instrument was acknowledged before me this _____ day of _____,
20_____, by _____ and _____, who is/are personally
known to me or has produced _____ as identification.

Notary Public

YOUTH PARTICIPANT

X Exploring Post Explorer Club Number: 7 4 7

If applicant has an unexpired participant certificate, participation may be accomplished at no charge by transferring the registration. Mark and attach a copy of the certificate.

Transfer application Transfer from council no.:

Exploring Post Explorer Club Number:

Name and address information (Please print one letter in each space—press hard, you are making a copy.)

First name (No initials or nicknames) Middle name Last name Suffix

Country Mailing address City State Zip code

Phone Date of birth (mm/dd/yyyy) Grade Ethnic background:

- - / / / / / Black/African American Native American Alaska Native Asian

School Caucasian/White Hispanic/Latino Pacific Islander Other

 Gender: Male Female

Email address (Post youth participant only) @

Parent/ guardian information Parent Guardian Grandparent Other (specify) Suffix

Select relationship: First name (No initials or nicknames) Middle name Last name Suffix

Country Mailing address City State Zip code

Home phone Date of birth (mm/dd/yyyy) Occupation Employer Gender: M F

Business phone Ext. Previous Exploring experience Cell phone

Parent/ guardian email address @

Signature of post or club leader Date

I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).

Signature of parent/guardian

Signature of parent/guardian

Signature of Explorer

Participation fee \$ 0 0 . 0 0 Paid: Cash Check No. _____ Credit card

Retention on file for three years.

LOCAL OFFICE COPY

524-009

Retain on file for three years.

Retention on file for three years.