



The Southaven Police Explorer Application Packet



General Membership Requirements:

1. Applicants must be 14 to 20 years old.
2. Parental approval must be obtained for applicants under 18 years of age.
3. Applicant must have a sincere interest in law enforcement.
4. Applicant's school transcripts must show a 2.0 grade-point-average or better.
5. The applicant must be of good character and possess good moral habits. Applicant's driving record will be considered.
6. All Explorers must complete the Basic Explorer Training Program.
7. All applicants must successfully pass a background investigation including, but not limited to, a criminal history records check.

None of the above requirements are intended to be an automatic disqualifier. All are taken into consideration.

When completing the attached application:

- Please complete all blanks. If an item does not apply, write "N/A."
- Give complete information, including your full first, middle, and last name. Do not use abbreviations or nicknames.
- Be sure that you and/or your parents sign the forms in the appropriate places.
- Intentional withholding of information or falsification of information on this application will result in immediate denial of acceptance.

When completed, please return to:

Southaven Police Department
 Attn: Explorer Post
 8691 Northwest Drive
 Southaven, Ms. 38671

I hereby apply for the position of Southaven Police Explorer. I further consent and authorize the Police Department to conduct a background check including, but not limited to, a juvenile criminal history records check.

Signature

Date

Last Name (Printed)

First Name (Printed)



Southaven Police Explorer Application Form

Name: _____ DOB: ____/____/____

Address: _____ State: _____ ZIP: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

School Attending: _____

Parents/Guardians names: _____

Parents/Guardians address: _____

Parents/Guardians' home phone: _____

Are you employed? _____ YES _____ NO If "YES," where? _____

Average hours of work per week? _____

Career interests: _____

Previous training: _____

Do you have a valid driver's license? _____ If "YES," for how long? _____

List any traffic violation you have received: _____

Have you ever been arrested for a crime? _____ If "YES," what and when? _____

Have you ever been convicted of a crime? _____ If "YES," what and when? _____

Have you ever used drugs? _____ If "YES," what and when? _____

Have you ever been suspended from school? _____ If "YES," what and when? _____

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

What is your current GBA when you last attended school? _____

Adult References:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____



Waiver of Liability, Release of Claims and Indemnification

As consideration for being a member of the Southaven Police Explorers and thereby being permitted to engage in Southaven Police Explorer activities;

I, the undersigned, hereby agree to indemnify and hold harmless the City of Southaven, its officials, officers, employees, agents, and volunteers harmless from any and all claims, injuries, or damages of any nature, sustained to my person or property which occur as a result of or during my, or my child's accompanying members of the Southaven Police Department during their official duties, or during Southaven Police Explorer activities.

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 City of Southaven, its officials, officers, employees, agents, and volunteers, as a result of any injury to my or my child's person or property which occur on or during my child's accompanying members of the Southaven Police Department during their official duties, or while engaging in any Southaven Police Explorer activities.

I further agree for myself, my heirs, executors, administrators, and assigns, to defend and indemnify the City of Southaven, its officials, officers, employees, agents and volunteers, their sureties against any and all actions, suites, 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 City of Southaven official, officer, employee, agent and volunteer, or while engaging in any Southaven 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 _____

WITNESSED: _____

PARENT'S SIGNATURE: _____

PARENT'S SIGNATURE: _____



Statement of Understanding

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 personal health history 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 student member: _____

Address: _____

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 _____

Home Phone (_____) _____ - _____ Work Phone (_____) _____ - _____

Dated: _____

NOTARY: Subscribed and sworn before me this _____ day of _____.

Notary in and for the State of Mississippi _____

Residing in _____



Southaven Police Department Hold Harmless Agreement

In consideration of the City of Southaven granting the undersigned the opportunity to accompany an employee of the Southaven Police Department in the performance of said employee's duties by riding with said employee in a city owned vehicle: and the undersigned, recognizing the fact that the duties of the officers of the city 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 City of Southaven, 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 City of Southaven.

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

Signature: _____

Printed Name: _____

Address: _____

City: _____, TN _____

Phone (_____) _____ - _____

Place of birth: _____

The remainder of this form must be completed by a parent or guardian of any person who is under eighteen (18) years of age, or who is applying to become a Southaven Police Explorer.

I, _____, the parent or legal guardian of the above named minor, (or Explorer Applicant), have read this hold harmless agreement and hereby consent to the minor/applicant accompanying a City of Southaven employee by riding with the employee in a city owned vehicle and knowing of the risks involved and assuming same, hereby agree to hold the City of Southaven 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 City of Southaven.

Signature: _____

Address: _____

Phone (_____) _____ - _____



Emergency Medical Treatment

Explorer Name: _____

Physician Information:

Name of a personal physician: _____ Phone: _____

Personal health/accident insurance carrier: _____

Policy Number: _____

Contact In Case of an Emergency:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Parent Authorization:

This health history is correct so far as I know, and the person herein described has permission 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 adult leader in charge to hospitalize, secure proper anesthesia, order injections, or surgery for my son/daughter. I also understand it is my responsibility to update any medical or health information to the post advisors when necessary.

Signature: _____ Date: _____

Emergency Medical Release Form:

I do hereby consent for myself/my child, to receive any necessary emergency medical treatment that becomes necessary as a result from participation in any activities with the Southaven Police Explorers. I (we) do hereby separately, and severally, release and forever discharge all employees or members of the City of Southaven, Southaven Police Department and the Southaven Police Explorers or any other authorized participating persons, firms, or organizations from any present and future liabilities as a result of authorized emergency medical treatment on child's behalf. This consent includes treatment by any authorized medical personnel, including but not limited to emergency medical technicians, paramedics and physician.

Signature: _____ Date: _____

