

EXPLORER REQUIRED ITEMS

Thank you for your interest in the North Port Police Explorer Program. This program is sponsored by the North Port Police Department and run through the Learning for Life, Exploring initiative. Prior to acceptance into this program, you will be required to attend three consecutive meetings, and participate in a selection board before other members of the post, including advisors. The board will have the final say as to acceptance in the program. Below you will find the items necessary to complete your application. Please note that the completion of the application process is not a guarantee of acceptance into the program.

Required Items before second meeting:

- A Completed Application (including waiver, medical release and media release),
- Copy of your Birth Certificate,
- Copy of your Driver's License or Identification Card,
- Copy of your Social Security Card.

Required Items before fourth meeting:

- Copy of your most recent report card,
- A letter of recommendation (No relatives and friends),
- Completed Learning for Life Application,
- Completed Learning for Life Medical Form,
- Uniform and Equipment Agreement, and
- Fingerprints (see advisor).

VOLUNTEER APPLICATION

Instructions:

- Please PRINT clearly in ink or fill out electronically. Pencil is not acceptable.
- Do not leave sections blank. If a question does not apply, indicate it is not applicable. Incomplete forms may not be accepted.
- Completed Applications remain active with the North Port Police Department for six (6) months from the date received.

Date: _____ Email: _____

Position(s): _____

Name: _____
Last First Middle

Address: _____

City/State/Zip: _____

Home Phone: _____ Alternate Phone: _____

Have you been known by or used any other name(s)? Yes No
If yes, list name(s): _____

How did you hear of this opportunity? _____

Have you been employed with the City of North Port? Yes No
If yes, list date and department: _____

Are you legally eligible to reside in the United State? Yes No
If yes, proof is required.

Did you graduate from high school? Yes No If No, have you earned your General Education Degree (GED)? Yes No

Please give the name and address of your high school/GED institution: _____

Please select the highest education level you have completed:

8th 9th 10th 11th 12th 13th 14th 15th 16th or more

College:

Name of School: _____ Location: _____

Course of Study: _____ Did you graduate? Yes No Degree or Diploma: _____

Graduate School:

Name of School: _____ Location: _____

Course of Study: _____ Did you graduate? Yes No Degree or Diploma: _____

Vocational Training - Other:

Name of School: _____ Location: _____

Course of Study: _____ Did you graduate? Yes No Degree or Diploma: _____



NOTE: All references will be contacted.

Present / Past Employer(s) (if currently unemployed check this box)

1. Employment Reference: _____

Address: _____

_____ Phone: (____) _____

Employed: From (mm/yr): _____ To (mm/yr): _____ Annual Salary: _____

Work Performed: _____

Job Title: _____ Supervisor: _____

2. Employment Reference: _____

Address: _____

_____ Phone: (____) _____

Employed: From (mm/yr): _____ To (mm/yr): _____ Annual Salary: _____

Work Performed: _____

Job Title: _____ Supervisor: _____

3. Employment Reference: _____

Address: _____

_____ Phone: (____) _____

Employed: From (mm/yr): _____ To (mm/yr): _____ Annual Salary: _____

Work Performed: _____

Job Title: _____ Supervisor: _____

4. Employment Reference: _____

Address: _____

_____ Phone: (____) _____

Employed: From (mm/yr): _____ To (mm/yr): _____ Annual Salary: _____

Work Performed: _____

Job Title: _____ Supervisor: _____

5. Employment Reference: _____

Address: _____

_____ Phone: (____) _____

Employed: From (mm/yr): _____ To (mm/yr): _____ Annual Salary: _____

Work Performed: _____

Job Title: _____ Supervisor: _____



Personal References

1. Name: _____
Address: _____
Phone: () _____

2. Name: _____
Address: _____
Phone: () _____

3. Name: _____
Address: _____
Phone: () _____

Please answer the following questions:

1. Have you any relatives currently employed by City of North Port? Yes No
If yes, list name and department: _____
2. Have you ever been arrested or detained by law enforcement for any reason? If yes, list date, place, offense and fine (or sentence) for each in the space below. (Conviction will not necessarily disqualify any applicant from consideration.) _____ Yes No
3. Do you possess a valid Florida driver's license? Yes No
Class/CDL: _____ Endorsements: _____ Expiration Date: _____
4. Are you over 18 years old? Yes No

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

CERTIFICATION: I certify that the information set forth in my volunteer application is true and complete to the best of my knowledge. I understand that any incorrect, incomplete, exaggerated or false information furnished by me will subject me to disqualification or to discharge from civilian volunteer status at any time. I understand that it is my responsibility to include with my application copies of verification of any education, license, or certification requirements for the volunteer position for which I have applied. I understand that final approval of civilian volunteer status depends upon satisfactory completion of a background check. Any illegal substance, controlled or otherwise, which shows in a drug/alcohol screen results will result in my immediate disqualification from civilian volunteer status. I further understand that if I am appointed as a civilian volunteer I will be entitled to Workers Compensation benefits. In addition, I understand that I will be required to provide documents establishing my identity and authorization to perform volunteer work in the United States.

STATEMENT OF APPLICANT: I authorize my former employers and character references to release any information regarding my background. I hereby authorize the North Port Police Department to make any investigation of my background as is deemed necessary to verify my qualifications for the position for which I am applying.

Applicant's Signature: _____ **Date:** _____
(Unsigned application will not be processed)

Email address: _____

THE CITY OF NORTH PORT IS AN EQUAL OPPORTUNITY/DRUG FREE WORKPLACE/ADA COMPLIANT EMPLOYER



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(941) 429-7300

Explorer Supplemental

Father's Name: _____ Cellular Telephone: _____

Address: _____ City/State/Zip: _____

Mother's Name: _____ Cellular Telephone: _____

Address: _____ City/State/Zip: _____

Previous Address: _____ City/State/Zip: _____

Are you a US Citizen? Yes No

What other Extra Curricular Activities do you participate in?

Have you ever been contacted by Law Enforcement? (If yes, then detail below.)

Have you ever been the subject of discipline at school?



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**POLICE
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Emergency Contacts: (Please list three)

I, _____, have read and completed the proceeding document and attest that all the information contained in it is true and correct. I realize that if any of this information is falsified, it will immediately disqualify me from admittance into Explorer Post #0094. By signing below, I confirm that all the information contained in this application is true and correct.

I, _____, the parent/guardian of, _____ have read the proceeding document and agree that all the information contained in it is true and correct. By signing below, I confirm that all the information contained in this application is true and correct.

Signature

Signature Parent/Guardian

Date/Time

Date/Time





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I/We as the parent(s)/guardian(s) of _____, grant permission for the above listed juvenile to participate in the North Port Police Explorer Post #0094. It is understood that as a part of this program they may be subjected to situations and experiences that a police officer would generally be subjected to. Also, I/We understand that I/We can attend Explorer Functions. Please acknowledge yes or no, regarding your child's permission to participate in any of the following activities:

1. Participate in after school/weekend activities, providing they are in conformance with our GPA policy (2.0 or higher). Yes No
2. Participate in the Explorer Ride Along program once eligible. Yes No
3. Participate in activities involving weapons and/or firearms. Yes No
4. Participate in a OC Spray exposure. Yes No
5. Participate in Defensive Tactics. Yes No
6. Participate in Driving Training once licensed. Yes No
7. Participate in a Physical Fitness regime. Yes No
8. Participate in Physical Fitness as a part of discipline. Yes No

Parent/Guardian Signature

Explorer's Signature

Parent/Guardian Signature

Parent/Guardian Signature

Parent/Guardian Signature



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Medical Release

I, _____, being the parent/legal guardian of, _____ do hereby give permission to the person holding this letter to act in my behalf for obtaining any medical attention needed for the above named juvenile. I waive any criminal or civil action against this individual, the North Port Police Explorer Post #0094, the North Port Police Department, the City of North Port, or any of its representatives for any action or decision making they may take.

This Medical Treatment Release shall remain in effect for the duration of _____ 's participation in the North Port Police Explorer Post #0094 Program.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date/Time

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

Notary Public Signature

Commission Expiration

Notary Public Printed Name



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Uniform and Equipment Agreement

I understand that all uniforms and equipment issued to me by North Port Police Explorer Post #0094 is the property of Post #0094 and/or the North Port Police Department. I understand it is my responsibility for the care and maintenance of this equipment. This equipment will be returned to one of the post advisors immediately upon my departure from the Explorer Post. I understand it is my responsibility to incur the cost of replacement for any lost, intentional damaged, or any equipment that is not returned upon my separation from the post. Failure to return post property could result in criminal charges being filed. A detailed price list of issued items is available upon request.

In Witness, Whereof, and, intending to be legally bound, thereby, the undersigned affixes his hand this _____ day of _____, 20____.

Explorer Name

Explorer Signature

Parent Name

Parent Signature

Note: The signature of a parent/guardian is required for those guests or observers under the age of eighteen (18) years.





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Media Release

As a participant in the North Port Police Explorer Post #0094, opportunities may arise for the media to be involved in some of our functions and activities. The involvement of the media may result in photographs and/or video recording being taken of your child. This may/may not include their name being used in the newspaper and/or mentioned on television. This will show their participation in this community program and help to promote a positive and active youth organization. Organizations that may use your child's likeness, may include but are not limited to, the City of North Port, the North Port Police Department, the North Port Police Explorer Post #0094, the Boy Scouts of America, the Florida Association of Police Explorers and local television and print media.

I, _____, being the parent/legal guardian of, _____, grant my permission to participate in media relations associated with the North Port Police Explorer Post #0094.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date/Time

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

Notary Public Signature

Commission Expiration

Notary Public Printed Name



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