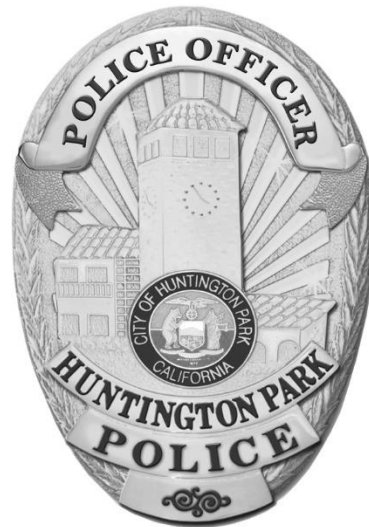


HUNTINGTON PARK POLICE DEPARTMENT

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EXPLORER APPLICATION

HUNTINGTON PARK POLICE DEPARTMENT

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EXPLORER APPLICANT INFORMATION

First Name					Last Name					Middle Name				
Sex	Height	Weight	Hair	Eyes	Date of Birth					Driver's license number (if applicable):				
Home Address					Apt/Unit:	City:					State	Zip Code	Phone Number	
School Address:					Grade:	City:					State:	Zip Code:	Phone Number:	
Father or Legal Guardian's Name (Last, First, Middle): Attach ID Card					Home Address:					Phone Number:				
					Work Address:					Phone Number:				
Mother's or Legal Guardian's Name (Last, First, Middle): Attach ID Card					Home Address:					Phone Number:				
					Work Address:					Phone Number:				
Vehicle Year/Make:		Model:			Color:		License Plate Number/State:			Insurance Information:				
Vehicle Year/Make:		Model:			Color:		License Plate Number/State:			Insurance Information:				

REFERENCES

Please list only two adult references who can comment on your suitability for our program. Reference can be teachers, counselors, employers, clergy, etc. Please do not use relatives, must be outside of the household.

Name (Last, First, Middle):	Address:	Phone Number:	Relationship:
Name (Last, First, Middle):	Address:	Phone Number:	Relationship:

EMERGENCY INFORMATION

In case of an emergency, please provide an emergency contact other than the parent or guardian(s) listed above.

Name (Last, First):	Relationship:	Address:	Phone Number:
Name (Last, First):	Relationship:	Address:	Phone Number:
Physician's Name:		Address:	Phone Number:
Medical Concerns (Allergies, Medications, Special Needs etc.):			

Ok Rejected

POLICE DEPARTMENT USE ONLY

Date Received:	Interview Date:	Background Date:	Autobiography date:	Advisor	Supervisor
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BACKGROUND INFORMATION

Have you ever been arrested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever received a ticket?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had the police called on you or had a negative police contact?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been under the influence of alcohol?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever used or possessed any illegal drugs, including marijuana?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever stolen anything?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been involved in a physical fight with someone else?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been suspended from school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been a member of a gang or associated with known gang members?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever committed an act of vandalism?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been a victim of a crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been hospitalized in the past 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered yes to any of the questions above, please explain in detail below. Include approximate dates, number of times you engaged in each activity, etc. Attach a separate sheet of paper if needed. Please attach any Police reports, if any.

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I, _____, Understand that any portion of this application is subject to examination by the Huntington Park Police Department and/or the staff of the Huntington Park Police Department Explorer Program. I acknowledge that all the information contained herein will be used solely for the Explorer Program and no other purposes. I hereby attest that all the information contained herein is, to the best of my knowledge, true and correct.

Applicant's Signature

Parent/Guardian's Signature

ACKNOWLEDGEMENT

I hereby acknowledge that if I am selected as a member of the Huntington Park Police Explorer Program, my primary objective will be to study the field of Law Enforcement and its possibilities for career opportunities. I acknowledge that teamwork is a necessary ingredient for the success of the program. I will strive to achieve the objective and ideals of the program and dedicate myself to the support of good law enforcement. I will maintain myself, both physically and mentally, as an asset to the Police Department and the community.

Applicant's Signature

Parent/Guardian's Signature

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AUTHORIZATION TO RELEASE INFORMATION

Instructions:

1. Read the listed disclosure below regarding your background packet.
2. Please sign on the indicated space for the application and parent/legal guardian.

DIRECTED TO:

As an applicant for a position with the City of Huntington Park Police Department, I am required to furnish information for use in determining my moral, physical, and mental qualifications. In this connection, I authorize the release of any and all information that is personal, confidential, or privileged in nature and/or that relates to any and all aspects of my employment history.

I hereby request that any information requested by the City of Huntington Park Police Department be provided as fully and complete as reasonably possible.

I do hereby release and hold harmless you, your organization or company, your officers, agents, employees, or independent contractors from any liability or damages, and I do hereby waive all claims or causes of action against you, your officers, agents, employees, or independent contractors, which may result from furnishing the requested information.

Applicant's Name: _____

Applicant's Signature: _____

Date: _____

Parent's/Legal Guardian's Signature: _____

Date: _____

Background Investigator: _____

Date: _____

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AUTHORIZATION TO TREAT MINOR

Instructions:

1. Read the listed disclosure below regarding your background packet.
2. Please sign on the indicated space for the application and parent/legal guardian.

I (WE) THE UNDERSIGNED PARENTS, PARENTS, LEGAL GUARDIAN OF:

Last

First

Middle

a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or specific supervision of any member of the medical staff and emergency room staff license under the provision of the Medicine Practice Act, or a Dentist licensed under the provisions of the Dental Practice Act, and on the staff of any acute general hospital holding current license to operate a hospital from the State of California Department of Public Health.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his best judgment, may deem advisable.

It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient but that any of the above treatment will not be withheld if the undersigned cannot be reached.

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

List **ANY** restrictions or allergies:

Parent's/Legal Guardian's Signature: _____

Date: _____

This consent shall remain effective and upheld until the 18th birthday of the aforementioned minor listed above, which will be on _____ / _____ / _____
Month Day Year

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HOLD HARMLESS AGREEMENT

Instructions:

1. Read the listed disclosure below regarding your background packet.
2. Please sign on the indicated space for the application and parent/legal guardian.

AGREEMENT ASSUMING THE RISK OF DEATH AND/OR INJURY AND WAIVING AND RELEASING ALL CLAIMS

CAUTION: The City of Huntington Park, its employees, agents, and elected officials do not want to be sued by you, your relatives, your heirs, and/or your personal representative IF YOU ARE INJURED AND/OR KILLED as a result and/or while taking part in Huntington Park's Ride Along Program or any other event sanctioned by the City of Huntington Park or the City of Huntington Park Police Department.

If you sign this document, you, your relatives, your heirs, and/or your personal representative WILL NOT BE ABLE TO SUE the City of Huntington Park, its employees, agents, and elected officials if you are injured and/or killed as a result and/or while taking part in Huntington Park's Ride Along Program or any other event sanctioned by the City of Huntington Park or the City of Huntington Park Police Department.

Going with a Police Officer while he/she performs their duties is DANGEROUS. The work and activities of a Police Officer involve the real possibility of INJURY AND/OR DEATH. By signing this document, I, the undersigned, acknowledge that I know that IT IS DANGEROUS to go with a Police Officer doing his/her job and or duties.

By signing this document, I AGREE TO AND HEREBY DO ASSUME ALL RISKS involved in going with a Police Officer while he/she does her job in the performance of their duties, whether or not the risks involved are the result of the Police Officers conduct or any other person's conduct.

IN ADDITION to the above, I also, for myself, my relatives, my heirs, and/or my personal representative, RELEASE, DISCHARGE, AND WAIVE any and all claims I have or may hereafter have against the City of Huntington Park, its employees, agents and/or elected officials. This RELEASE, DISCHARGE, AND WAIVER is for any damages, costs, expenses, or loss due to any injury suffered by me and/or for or from any death. In addition, THIS RELEASE, DISCHARGE, AND WAIVER apply even if my injury or death is caused by the negligent, reckless, and/or grossly negligent conduct of the City of Huntington Park, its employees, agents, and/or elected officials.

This agreement shall remain effective and upheld until the applicant identified below is no longer in the program.

FOR APPLICANT:

Name: _____

Did you read this document? Yes__ No__

Signature: _____

Date: _____

FOR PARENT / LEGAL GUARDIAN:

Name: _____

Did you read this document? Yes__ No__

Signature: _____

Date: _____

Witness's Signature: _____

Date: _____

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EMERGENCY MOBILIZATION AGREEMENT

Instructions:

1. Read the below-listed disclosure regarding your background packet.
2. Please sign on the indicated space for the application and parent/legal guardian.

AUTHORIZATION TO LEAVE SCHOOL IN AN EMERGENCY MOBILIZATION OF THE CITY OF HUNTINGTON PARK POLICE EXPLORER PROGRAM

To the Principal of _____

One of your students, _____, is a current and active member of the City of Huntington Park Police Department Explorer Program.

Occasionally, the members of this program are called upon and needed to assist Police Officers at the scenes of disasters, crimes, and/or searches. In the event of an emergency during school hours where the services of the Explorer Program are needed, it may be necessary to ask that the above-mentioned Explorer be released from school to assist in this activity. The use of the Explorers during school hours will only be made in an extreme emergency where the expertise of the members is necessary.

Only the on-duty Watch Commander or the below-listed Advisors shall be authorized to call the student out of school. Each member shall be returned to the school as soon as possible when the event is completed.

Cosme Lozano
Chief of Police
Program Representative

Elsa Cobian
Police Lieutenant
Program Representative

Mike Parsa
Police Sergeant
Program Supervisor

Henry Andrade
Police Corporal
Program Supervisor

Under the mentioned circumstances, I will approve my son/daughter leaving school. It is also understood that he/she will notify me prior to leaving school if at all practical.

Parent's/Legal Guardian's Signature: _____ Date: _____

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APPLICANT'S AUTOBIOGRAPHY ESSAY

Instructions:

1. Write an organized, structured autobiography for yourself.
2. The essay should include but not be limited to the following questions:
 - Tell us about yourself.
 - Where do you plan to be in the next 5 years?
 - What are your career ambitions?
 - Why do you want to join the Huntington Park Police Explorer Program?
 - Why should we accept you into our program?
