EXPLORER INFORMATION FORM

NAME: _____

HOME ADDRESS: _____

HOME PHONE:_____ CELL PHONE: _____

DATE OF BIRTH: _____ DRIVER'S LICENSE #: _____

WHO CAN WE CONTACT IN CASE OF AN EMERGENCY?

NAME: _____

RELATIONSHIP: _____

PHONE NUMBER: _____

MURRIETA POLICE DEPARTMENT USE ONLY

BACKGROUND CHECK: ☐ **PASSED** ☐ **FAILED**

☐ **APPROVED** ☐ **DISAPPROVED**

_____ **DATE:** _____

Print Name / Rank / ID #

_____

Signature

Murrieta Police Explorers Application

Please type or print clearly. Do not leave any field blank. Enter "N/A" if not applicable. For all addresses, please include street address, city, state, and zip code. For all telephone numbers, please include area code. When complete, please print, sign, and date.

Last Name	**First Name**	**Middle Name**
Date of Birth and Age	**Social Security Number**	**Date of Application**
Home Address	**City and State**	**Zip Code**
Home Phone (with area code)	**Cell Phone (with area code)**	**Email Address**
Place of Birth (City and State)	**Sex**	**Race**
Height / Weight	**Hair Color / Eye Color**	**Scars, Marks, or Tattoos**
Do you have a valid driver's license? **( ) Yes ( ) No**	**If yes, in which state was it issued?**	**Driver's License #**

Parent/Guardian

Father's/Guardian's Name	**Email**
Home Address	**City, State, Zip Code**
Home Phone (with area code)	**Cell Phone (with area code)**
Work Phone (with area code)	

Mother's/Guardian's Name	**Email**
Home Address	**City, State, Zip Code**
Home Phone (with area code)	**Cell Phone (with area code)**
Work Phone (with area code)	

Emergency Contact Information

In the event of an emergency and the parent/guardian is unavailable, please list two individuals to be contacted (in addition to parent/guardian listed above).

#1 Emergency Contact Name	**Email**
Home Address	**City, State, Zip Code**
Home Phone (with area code)	**Cell Phone (with area code)**
Relationship	**Work Phone (with area code)**

#2 Emergency Contact Name	**Email**
Home Address	**City, State, Zip Code**
Home Phone (with area code)	**Cell Phone (with area code)**
Relationship	**Work Phone (with area code)**

School Information

Are you currently enrolled in school? **( ) Yes ( ) No**	**If you have graduated high school, provide the year**
Name of School	**School Phone Number (with area code)**
Current Grade Level	**What is your GPA (school verified)?**
List any clubs or organizations which you are/were a member of	**List any form of discipline you received while a student**

Employment

Are you currently employed? If Yes, please complete this section **( ) Yes ( ) No**	**Title of Position**
Employer:	**Supervisor's Name**
Employer's Address	**Supervisor's Phone Number**
List any form of discipline you received while employed?	

Previous Employment **Start Date: End Date:**	**Title of Position**
Employer	**Supervisor's Name**
Employer's Address	**Supervisor's Phone Number**
List any form of discipline you received while employed?	

Personal References

Please list four personal references (no relatives)

#1 - Name	**Length of Time Known:**
Home Address	**City, State, Zip Code**
Home Phone (with area code)	**Cell Phone (with area code)**

#2 - Name	**Length of Time Known:**
Home Address	**City, State, Zip Code**
Home Phone (with area code)	**Cell Phone (with area code)**

#3 - Name	**Length of Time Known:**
Home Address	**City, State, Zip Code**
Home Phone (with area code)	**Cell Phone (with area code)**

#4 - Name	**Length of Time Known:**
Home Address	**City, State, Zip Code**
Home Phone (with area code)	**Cell Phone (with area code)**

Drug Use / Criminal History

Please answer the following four questions by circling the appropriate response. If you answer yes to any of the questions, make sure to provide detailed information in the corresponding box.

Controlled Substance / Drug Use

1. Have you ever illegally used drugs or controlled substance (including marijuana)? Yes No

2. Do you now or have you ever illegally possessed, supplied, or sold any drug or Controlled substances (including marijuana)? Yes No

If you answered yes to one or both questions above, provide details below:

Name of Drug/Controlled Substance	First used on (Month/Year)	Last used on (Month/Year)	Total Times Used	Consumed / Possessed / or Sold

Criminal History

1. Have you ever been arrested or detained by any law enforcement agency? Yes No

2. Have you ever been convicted of, or have you ever been found to have committed any civil or criminal law violations? Yes No

If you answered yes to one or both questions above, provide details below:

Charge, Law Violation, or Circumstance	Location (City/State)	Detention, Disposition or Penalty	Date of offense (Month/Year)	Law Enforcement Agency

Medical

Last Name	First Name	Middle Name
Family Physician	Physician Address	Physician Phone Number

Are you now, or have you ever been, subject to (please answer yes or no):

Asthma ___ Fainting Spells ___ Convulsions ___ Diabetes ___ Heart Trouble ___ Bleeding Disorders ___

Do you have any allergies to any food, medication, plant, insect bites or other material or substance? Yes No

If you answered yes to the above, please explain:

Are you currently taking any medication? Yes No

If you answered yes to the above, please explain:

Are there any restrictions placed on you for any reason, including medical? Yes No

If you answered yes to the above, please explain:

Murrieta Police Explorer Candidate Questionnaire

What activities do you participate in? This includes school and recreation leagues:

_____

Mother's Name:_____ Father's Name:_____

Phone #:_____ Phone #:_____

Stepparents names (if any):_____

Candidate lives with:_____

Names and ages of all your siblings (if any):_____

_____

Others in Applicant's Household (if any):_____

Who are your three closest friends (at school or in your neighborhood): _____

Do you have any friends or family in law enforcement? If yes, please list their names, relationship, and the length of time you have known them: _____

_____

What are your short term, medium term, and long term goals in life?

_____

_____

_____

_____

What do you plan to get out of the Murrieta Police Explorer Program?

_____

_____

_____

Please tell us about yourself- hobbies, interests, sports, and why you are interested in becoming a police explorer: _____

_____

_____

_____

_____

_____

The Explorer program requires you to commit to city events throughout the year along with other explorer specific events. Please explain how you plan to fulfill your commitments while balancing other responsibilities:

_____

_____

_____

Is there anything else you think we should know about you?:

_____

_____

_____

Electronic Devices

Please list all applicant cell phones and include telephone number, make, model, and unlock password:

_____

_____

Please list all applicant laptop and personal computers and include make, model, and unlock password:

_____

_____

For applicants under the age of 18:

As the parent/guardian of applicant, I declare that the medical history provided above is true and correct. The applicant has permission to engage in all prescribed activities, except as noted herein. In the event I cannot be reached in an emergency, I herby give permission to medical personnel and/or physician, selected by the explorer advisor in the charge, to treat the applicant for any medical emergency as deemed necessary by medical personnel and/or physician.

For applicants 18 years of age or older:

I declare that the medical history provided above is true and correct. I herby give permission to medical personnel and/or physician, selected by the explorer advisor in the charge, to treat me for any medical emergency as deemed necessary by medical personnel and/or physician.

For all applicants:
By signing this document, I certify that all the information on this entire application is true and correct to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, or misrepresentation is sufficient cause for rejection of this application, removal of my name from consideration, or dismissal from service. I understand that the Murrieta Police Department is a drug-free workplace and that all Explorers must be drug-free.

I acknowledge that I have been provided with a copy of Penal Code Sections 11165.7 and 11166, attached hereto regarding my duty to report any suspected or known child abuse or neglect. I acknowledge that I have read and understood this information and agree to comply with this mandatory reporting requirement.

Applicant's for the position of Law Enforcement Explorer within the Murrieta Police Department Explorer Program are required to furnish information to the City in order to determine eligibility for the program. I authorize the release of any and all information concerning me or the minor applicant, including but not limited to, education and grade point average information, and any and all previous or ongoing criminal history. I understand that I will not receive and am not entitled to know the contents of any confidential reports received and I further understand that these reports are privileged.

I, on behalf of myself and/or minor applicant, hereby authorize employees or agents of the Murrieta Police Department, including, but not limited to, law enforcement officers and computer forensic examiners, to take possession of, remove, copy (create a forensic copy) and conduct a complete search of any above listed cellular phone, computer systems, data storage devices, media, and other electronic equipment. I understand that a complete search may include the recovery of deleted files, and the bypassing or cracking of passwords or encryption. I further authorize the law enforcement officer(s) to copy and keep any documents, images, or data found on the computer equipment described above that are determined by the officer to be pertinent to a criminal investigation.

I acknowledge and consent that the computer equipment described above will be copied (forensic copy) before it is returned to me and that the law enforcement officer will continue to search and examine the forensic image after the original data/items are returned to me. I give my consent freely and voluntarily without fear, threat, coercion or promise of any kind. I understand and acknowledge that I have an absolute right to refuse to give my consent and I hereby voluntarily waive that right.

I acknowledge that Police Department duties are an inherently dangerous activity and I am exposing myself to the risk of injury or death as well as exposure to communicable diseases, resulting from Police Department operations. I accept the risk of any injury to my person or property that may arise out of or during my participation as a Police Explorer. I agree that the only duty owed to me in the event of injury or death shall be the duty of the City of Murrieta to provide Workers' Compensation benefits as established by California law; no other legal duty of any kind for the safety of my person or property shall be imposed upon the City of Murrieta, its elected officials, Officers, or any other City employee or volunteer by reason of my participation. I specifically acknowledge and agree that in the event of my injury or death arising from participation in the Police Explorer Program, I shall not seek and I shall not be entitled to obtain any remedy from the City of Murrieta, or its elected officials, Officers, or any other City employee or volunteer other than remedies provided by Workers' Compensation laws.

If applicant is under the age of 18 years, I, as parent/guardian give my permission and consent for applicant to participate as a Police Explorer with the City of Murrieta. I request on applicant's behalf that applicant be allowed to participate and I agree for myself and on behalf of applicant to the terms herein. In consideration for being allowed to participate as requested and with full knowledge and appreciation of the fact that these activities have many dangers, including the risks of serious injury or death, I/we voluntarily agree to and do hereby assume all risks of physical and mental harm in connection with this request, and I/we further agree not to bring any claim on or suit, with respect to any injuries applicant may sustain, against the City of Murrieta, the Murrieta Vallery Unified School District, or any of their elected officials, Officers, or City employees or volunteers, and I/we agree to hold them harmless from and indemnify them for any and all claims, demands, suits and liability, and to pay all attorney's fees and costs of defense of such action, which might possibly arise out of applicant's participation in

the volunteer program as requested herein. I/we agree that this obligation to defend, indemnify and hold harmless shall not be diminished or eliminated even if the damages or injury are the result of the City's negligence, or of the negligence of its elected officials, Officers, or any other City employee or volunteer. This agreement shall be binding on my/our heirs, executors, administrators and assigns.

I hereby release, discharge, exonerate the City of Murrieta, the Murrieta Valley Unified School District, their agents, officers, employees and any person furnishing information from any and all liability of every nature and kind arising out of furnishing and inspecting of such documents, records and other information and this release shall be binding on my legal representative, heirs and assigns.

Prior to participation in any activity, I, or my parent guardian if under 18, will inspect facilities, equipment, and areas where the event or activity is being conducted and, if any of us believes any of them are unsafe, I will immediately advise the person supervising the event, activity, facility, or area. I further acknowledge that photographs, pictures, slides, movies, or videos of the applicant may be taken in connection with the applicant's participation in an event or activity without compensation from the City of Murrieta or Murrieta Valley Unified School District and consent to the use of photographs, pictures, slides, movies, or videos for any legal purpose.

I understand that this application is the property of the Murrieta Police Department and information contained herein is public record. I am also attesting that I understand and meet all the minimum requirements of the position I am applying for as stated on the job announcement.

IMPORTANT:

THIS DOCUMENT RELIEVES AND RELEASES CITY OF MURRIETA AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE ARISING FROM MY PARTICIPATION IN THE EXPLORER PROGRAM.

IF APPLICANT IS UNDER 18 YEARS OF AGE, BOTH PARENTS MUST SIGN UNLESS ONLY ONE PARENT IS LIVING OR UNLESS ONLY ONE HAS LEGAL CUSTODY. LEGALLY APPOINTED GUARDIANS MUST SIGN AND FURNISH A CERTIFIED COPY OF LETTERS OF GUARDIANSHIP.

I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I WILL GIVE UP SUBSTANTIONAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.

PRINTED APPLICANT'S NAME	SIGNATURE	DATE
_____	_____	_____

PARENT/GUARDIAN PRINTED NAMES	SIGNATURES	DATE
_____	_____	_____
_____	_____	_____