

ELGIN POLICE DEPARTMENT EXPLORER POST 1445

MEMBERSHIP APPLICATION PACKET



*A career education program of the Learning for Life Program, an affiliate of the
Boys Scouts of America*

LAW ENFORCEMENT CAREER EXPLORING

Exploring

Thank you for your interest in joining the Elgin Police Department's Explorer Post 1445. Our mission is to provide those who are interested in pursuing a career in law enforcement or related field in the criminal justice system the opportunity to:

1. Gain exposure to various criminal justice careers and to have a positive interaction with law enforcement professionals.
2. Obtain a hands-on experience and awareness of the criminal justice system, thereby helping Explorers make an informed decision on a career in law enforcement or a related field.
3. Benefit from interpersonal growth through self-discipline, teamwork, challenging experiences, and high standards of performance and personal conduct.
4. Enhance character development and improve physical and mental fitness.
5. Learn responsibility to self and others through leadership.
6. Serve the community by assisting the Elgin Police Department in a supplementary law enforcement and liaison capacity.



Elgin Police Department Law Enforcement Explorer Program Application



Thank you for your interest in our Explorer Program. Please provide the information requested below, and return the completed application to the **Elgin Police Department Explorer Post, Attention Lead Advisor, 151 Douglas Ave., Elgin, IL 60120. Please contact Commander Kevin Senne at (847) 289-2661 or via email at senne_k@cityofelgin.org for more information.**

APPLICANT'S PERSONAL INFORMATION

Last Name	First Name	Middle Initial
Other Name	DOB	Age
Gender		
Home Address		
Home Phone	Cell Phone	Work Phone
Email Address	Insert your photo	

EMERGENCY CONTACT INFORMATION

Last Name	First Name	Middle Initial
Home Phone	Cell Phone	Work Phone

PARENT/ LEGAL GUARDIAN INFORMATION

To be completed when the applicant is a minor

Last Name	First Name	Middle Initial
Home Address		
Home Phone	Cell Phone	Work Phone
Email Address		

APPLICANT'S MILITARY SERVICE

Branch of Service	Rank
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Date of Service	Type of Discharge
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APPLICANT'S CRIMINAL HISTORY AND DRIVING RECORD

Illinois Driver's License Number	Has your license ever been suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you ever been convicted of a crime	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, explain
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APPLICANT'S EMPLOYMENT/SCHOOL

School	Employer
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Position	Job Duties
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Hours Per Week	Supervisor's Name	May we contact your employer/ School?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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APPLICANT'S REFERENCES

Please furnish three (3) personal references who have known you for a minimum of two (2) years. Please do not list relatives.

Name	Years acquainted
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Home Phone	Cell Phone	Work Phone
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Name	Years acquainted
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Home Phone	Cell Phone	Work Phone
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Name	Years acquainted
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Home Phone	Cell Phone	Work Phone
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SUPPLEMENTAL QUESTIONS

How did you hear about the Explorer Program?

Why do you want to join the Explorer Program?

What hobbies or interests do you have?

Do you have friends or relatives who are police officers? If so, who & what department?

Do you have transportation to and from meetings?

Yes No

Most recent semester grades have been attached to the application packet?

Yes No

Are you prepared to follow the rules and regulations of the program?

Yes No

Must maintain the grade of a C or above

EXPLORER TERMS

When I satisfy the requirements for becoming an Explorer, the police department will provide me with a uniform and equipment, at no cost to me.

I understand that the uniform and equipment are the property of the Elgin Police Department and Explorer Post 1445.

It will be my responsibility to clean and maintain the uniform and equipment.

I will not use the uniform or equipment for any purpose other than those purposes expressly authorized by the police department.

I will report any damage to the uniform and equipment to a post advisor at my earliest convenience, relating the damage incurred and the circumstances causing the damage.

I agree to return the uniform and equipment to a post advisor at the request of the police department.

I hereby consent to provide my DOB for the purpose of a background check.

I hereby consent to the release of my minor child's academic records and authorize the City of Elgin to contact my minor child's school as part of the background check.

I have read and understood the above terms and my signature below indicates that I am in agreement to these terms.

Signature of applicant

Date

Signature of parent/legal guardian (if under 18)

Date

**City of Elgin Police Explorer Volunteer Participation
Waiver and Release and Assumption of Risk
(Participant Form for those Over 18 Years of Age)**

IMPORTANT INFORMATION

The City of Elgin is committed to conducting its programs and activities in a safe manner and holds the safety of participants in high regard. The City of Elgin continually strives to reduce the risks associated with any such programs and requires that all participants follow safety rules and instructions, since they are designed to protect the participant's safety. However, participants registering for the Law Enforcement Explorer Program must recognize that there is an inherent risk of injury when choosing to participate in any such program or related activities and that the aforementioned program and related activities are inherently dangerous.

By signing this document you agree that you are solely responsible for determining if you are physically fit and/or adequately skilled for the activities contemplated by the Law Enforcement Explorer Program. It is always advisable, especially if the participant is pregnant, disabled in any way, or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WAIVER AND RELEASE OF ALL CLAIMS AND LIABILITY AND ASSUMPTION OF RISK

In consideration of the undersigned being allowed to participate in the volunteer program commonly known and referred to as the Law Enforcement Explorer Program (hereinafter referred to as the "Program") and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned, for himself/herself, and the undersigned's respective heirs, distributees, next of kin, dependents, personal representatives, or entities, does hereby and shall to the fullest extent permitted by law waive, release, indemnify, defend and hold harmless the City of Elgin, Illinois, a municipal corporation (hereinafter referred to as "City"), its officials, officers, employees, agents, volunteers and assigns, and all other related persons or entities, from and against any and all claims, suits, judgments, costs, attorney's fees, damages or other liability or relief whatsoever, arising out of or related to any loss, damage or injury, including death, that may be sustained by the undersigned or any property of the undersigned for any reason, while the undersigned is participating in, or as a result of participating in, the Program. In the event of any action or proceeding against the City, its officials, officers, employees, agents, volunteers and/or its assigns, and/or all other related persons or entities covered by the foregoing duty to indemnify, defend and hold harmless, such action or proceeding shall be defended by legal counsel of City's choosing and the cost thereof shall be paid by the undersigned.

The undersigned being duly and fully aware of the risks and hazards inherent in participating in the Program and knowing that participation in the Program is inherently hazardous and dangerous, hereby elects voluntarily to participate in the Program. The undersigned for himself/herself hereby voluntarily assumes all risks of loss, damage, or injury, including, but not limited to, death, that may be sustained by the undersigned while the undersigned is participating in the Program or as a result of such participation. The undersigned further agrees and acknowledges that the City has made no representations of any kind, either written, oral or implied, as to the safety or hazards, or lack thereof, of the activities contemplated by this Agreement other than as specifically stated herein. The activities contemplated by participation in the Program include, but are not limited to intra and interstate travel; volunteering at events; attending police training as an observer and/or participant; using fitness equipment; and using firing range in conjunction with the Program.

Regarding the use of any firing range or guns in conjunction with the Program, the undersigned specifically and expressly recognizes and understands that police training, including but not limited to shooting weapons and being in proximity to discharging weapons is an inherently dangerous and hazardous activity and may subject the undersigned to a high risk of great bodily harm, including but not limited to severe bodily injury and death.

The undersigned hereby declares and represents that no promise, inducement or agreement not herein expressed has been made to the undersigned and that the terms of this waiver, release, indemnification and hold harmless are contractual and not merely recital.

The undersigned hereby acknowledges and represents that he/she is eighteen (18) years of age or older and of sound mind.

The undersigned hereby further warrants and represents that he/she has read the foregoing waiver, release, indemnification and hold harmless and understands it, signs it voluntarily and accepts it in its entirety. The undersigned also warrants and represents that he/she is fluent in the English language and is able to read the English language, is not suffering from any condition and is not under the influence of any substance which may impair his/her ability to read and understand this document. If registering on-line or via facsimile, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Print Name of Participant

Dated:

Participant's Signature

**City of Elgin Police Explorer Volunteer Participation
Waiver and Release and Assumption of Risk
(Participant Form for those Under 18 Years of Age)**

IMPORTANT INFORMATION

The City of Elgin is committed to conducting its programs and activities in a safe manner and holds the safety of participants in high regard. The City of Elgin continually strives to reduce such risk and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the Law Enforcement Explorer Program (hereinafter referred to as the "Program") must recognize that there is an inherent risk of injury when choosing to participate in the Program.

You are solely responsible for determining if your minor child/ward (hereinafter referred to as the "Participant") is physically fit and/or adequately skilled for the activities contemplated by the Program. It is always advisable, especially if the Participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

The Program is intended to challenge and engage the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury.

**WAIVER AND RELEASE OF ALL CLAIMS AND
LIABILITY AND ASSUMPTION OF RISK**

In consideration of the undersigned's minor child named _____, age _____ receiving permission from the City of Elgin, Illinois, a municipal corporation (hereinafter referred to as "City") to participate in the Program, the receipt and sufficiency of which is hereby acknowledged, the undersigned for himself/herself and the Participant and their respective heirs, distributees, next of kin, dependents, personal representatives, executors, administrators, successors and assigns, and all other related persons or entities, does hereby and shall to the fullest extent permitted by law waive, release, indemnify, defend and hold harmless City, its officials, officers, employees, agents, volunteers and assigns, and all other related persons or entities, from and against any and all claims, suits, judgments, costs, attorney's fees, damages or other liability or relief whatsoever, arising out of or related to any loss, damage or injury, including death, that may be sustained by the undersigned and/or the Participant or any property of the undersigned and/or the Participant, while the Participant is participating in the Program, regardless of fault or the negligent acts or omissions of any entity. In the event of any action or proceeding against City, its officials, officers, employees, agents, volunteers and/or its assigns, and/or all other related persons or entities, covered by the foregoing duty to indemnify, defend and hold harmless, such action or proceeding shall be defended by legal counsel of City's choosing and the cost thereof shall be paid by the undersigned.

The undersigned being duly aware of the risks and hazards inherent in participating in the Program hereby elects voluntarily to allow the Participant to participate in the Program and knowing that the conditions of the participation in the Program may become more hazardous and dangerous during the times hereinafter that the Participant is participating in the Program. The undersigned for himself/herself and the Participant hereby voluntarily assumes all risks of loss, damage, or injury, including death, that may be sustained by the undersigned and/or the Participant while the Participant is participating in the Program.

The undersigned further agrees and acknowledges that the City has made no representations of any kind, either written, oral or implied, as to the safety or hazards, or lack thereof, of the activities contemplated by this Agreement other than as specifically stated herein. The activities contemplated by participation in the Program include, but are not limited to intra and interstate travel; volunteering at events; attending police training as an observer and/or participant; using a fitness equipment; and using firing range in conjunction with the Program.

Regarding the use of any firing range or guns in conjunction with the Program, the undersigned specifically and expressly recognizes and understands that police training, including but not limited to shooting weapons and being in proximity to discharging weapons, is an inherently dangerous and hazardous activity and may subject the Participant to a high risk of great bodily harm, including but not limited to severe bodily injury and death.

The undersigned hereby declares and represents that no promise, inducement or agreement not herein expressed has been made to the undersigned and that the terms of this waiver, release, indemnification and hold harmless are contractual and not merely recital.

The undersigned hereby acknowledges and represents that he/she is eighteen (18) years of age or older and of sound mind.

In the event any of the terms or conditions of this waiver and release are deemed to be void or otherwise enforceable for any reason, the remainder of this waiver and release shall remain in full force and effect.

The undersigned hereby further declares and represents that he/she is the parent or legal guardian of the Participant named herein and has the full authority to enter into and execute this waiver, release, indemnification and hold harmless.

The undersigned hereby further warrants and represents that he/she has read the foregoing waiver, release, indemnification and hold harmless and understands it, signs it voluntarily and accepts it in its entirety. The undersigned also warrants and represents that he/she is fluent in the English language and is able to read the English language, is not suffering from any condition and is not under the influence of any substance which may impair his/her ability to read and understand this document. Any on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Printed Name of Parent/Guardian

Printed Name of Participant

Parent/Guardian's Signature

Dated: _____