

INTRACOASTAL POLICE EXPLORER PROGRAM POST 4

MEMBER APPLICATION

Bay Harbor — Bal Harbour — Surfside
POLICE DEPARTMENTS



**INTRACOASTAL POLICE EXPLORER PROGRAM
POST 4**

MEMBERSHIP APPLICATION

IMPORTANT INSTRUCTIONS

This application is a permanent record. All information must be typed or neatly printed by the applicant, using **black ink only. Illegible or incomplete application will not be accepted.**

It is mandatory that all information requested be supplied in the manner specified. Each question on this application must be answered; leave no blanks. If a question does not apply, enter N/A. **An incomplete application will not be accepted.**

1. Read the form carefully.
2. List **zip codes** and **area codes** for all requested addresses and telephone numbers.
3. Make sure all documents requiring notarization are signed and sealed by a Notary Public.
4. **Any false statements** or **omission** made on this questionnaire may cause your name to be removed from the eligibility list or be cause for immediate disqualification.

I have read and understand the instructions provided.

Applicant's signature: _____ Date: _____

Parent or Guardian's _____ Date: _____

Intracoastal Police Explorer
Post 4
Membership Application

Date: _____

Name: _____ Date of Birth: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Race: _____ Sex: _____ Height: _____ Weight: _____

Place of Birth: _____
(City and State)

Social Security Number: _____ E-mail _____

Drivers License Number: _____ State: _____ Type: _____

Father's Name: _____

Address: _____ Phone: _____

Mother's Name: _____

Address: _____ Phone: _____

Personal Information

High School: _____
Name

School Address: _____

Grade: _____

What was your Grade Point Average (GPA) on your last report card? _____

Do you belong to any school clubs? Yes No

If yes list clubs: _____

Do you participate in any school sports program? Yes No

If yes list sport(s): _____

Have you ever been suspended from school? Yes No

If yes list reason(s) and how many times: _____

Have you graduated from high school? Yes No

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Use of departmental equipment, books and uniforms

All uniforms, books and equipment issued to a police cadet are the sole property of the city. All items must be returned to the post in good order when leaving, otherwise the explorer and/or his parents(s)/legal guardian(s), will be charged for any mutilation, damage or loss.

Date _____ Applicant _____

Date _____ Parent/legal guardian _____

EMERGENCY MEDICAL TREATMENT

I, the undersigned, am the natural/adoptive parent(s) and/ or legal guardian of _____ and hereby authorize any City of _____ Police Officer to take my child to any Hospital for treatment in case of an emergency or take whatever steps are reasonable and necessary in face of life threatening injury or an injury requiring immediate medical care.

My signature(s) will further authorize any Hospital or a licensed doctor to administer treatment in case of an emergency. It is understood that we will be notified as soon as practically possible after the occurrence of the emergency.

Date

Parent or Guardian's Signature

Parent or Guardian's

Home Telephone Number

Office Telephone Number

Family Doctor's Name and Address

Family Doctor's Telephone Number

Subscribed and sworn to before me on this _____ day of _____, 20 ____.

Notary Public, State of Florida at Large

My Commission expires: _____

Personally known _____; Produced Identification _____; Type of I.D. Produced: _____



Consent Form Approval by Parents or Guardians

(For youth participants and guests under 21 years of age, participating in a Learning for Life activity)

First name and middle initial of participant/guest	Last name
Address	Birth date (month/day/year)
Additional address (need street address if you have a P.O. box)	
City ()	State Zip
Area code and telephone No. (parent's business)	Area code and telephone No. (home)

APPROVAL

(If two parents/guardians, both need to sign.)

FOR _____ ON _____
Name of activity, orientation flight, outing, trip, etc. Date(s)

PARENTS/GUARDIANS. Please read all of the statements on both pages before giving your approval for participation in the activity listed above. I hereby approve and agree to all of the terms, conditions, and waiver of claims of this CONSENT FORM and certify to its correctness. Further, I agree that this participant or guest can meet the health and physical fitness requirements of the trip or activity.

Father/guardian signature _____ Date _____
 Mother/guardian signature _____ Date _____

Medical Release. In the event of illness or injury occurring to my son or daughter while involved in the LFL trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Insurance company _____ Policy No. _____
 Physician _____ Telephone No. () _____

Explorer Driver Qualifications

When traveling to an LFL event under the leadership of an adult tour leader (at least 21 years of age), a participant at least 16 years of age may be a driver subject to the following qualifications: (1) six months' driving experience as a licensed driver (time on a learner's permit or equivalent is not to be counted); (2) no record of accidents or moving violations; and (3) parental permission has been granted to leader, driver, and riders.

Waiver of Claims

In consideration of the benefits to be derived from participation in this LFL trip or activity, any and all claims against Learning for Life, group/post, and participating organization, or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the applicant named above or to his or her property, in connection with or incidental to the LFL trip or activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicant's family or guardians.

For Use by Notary Public if Required

In an effort to provide better youth protection, certain states and foreign countries now require all releases covering minors to be notarized. In addition to this, they may also require proof of death if only one parent is living, or approval of both parents and stepparent(s) in the event of divorce/remarriage. If you will be traveling through or going to an area where either or both of these restrictions apply, use the bottom of this form to provide space for additional signatures as required.

Subscribed and sworn before me on this the _____ day of _____ year _____

My commission expires _____ year _____.

Notary public signature: _____

INTRACOASTAL POLICE EXPLORER POST 4
HOLD-HARMLESS AGREEMENT FOR POLICE EXPLORER PROGRAM



Bay Harbor — Bal Harbour — Surfside — Golden Beach
POLICE DEPARTMENTS

The undersigned does hereby request the Bay Harbor- Bal Harbour- Surfside- Golden Beach Police Departments of Dade County, Florida, grant permission to ride, as an observer only, in these authorized Police Department's motor vehicles as a Police Explorer, or as a participant or attendee of any Explorer activity, travel, firearm training or competition, and any other Explorer event or function conducted by or connected with the Police Department mentioned above Explorer Program. This observation, participation or attendance is for the purpose of educational benefit. If permission is granted, I hereby agree to obey at all times instructions, orders and commands given me by the officer or officers in command of any vehicle in which I may be riding, or in charge of, or participation in, any activity, event or function in which I may be participating or attending. I fully realize and appreciate the basic nature of law enforcement work and the possibility that situations will arise which might result in being exposed to danger or physical harm or injury, including but not limited to: motor vehicle accidents or any negligent acts or omissions of any officer employee or agent of Dade County. I, nevertheless, freely and voluntarily accept these risks.

WHEREFORE, in consideration of the educational benefit to be received and the granting of the above request, I hereby agree to hold the above mentioned Police Departments, it's council members, employees, agents and servants harmless from all liability to me for personal injury or property damage sustain during the period of time I may be in the capacity of an observer or participant, including damages or injuries resulting from any negligent acts or omissions of any officer, employee or agent of Dade County, as aforesaid.

This Hold-Harmless Agreement will remain in effect as long as the Explorer is an active member in good standing.

EXPLORER'S NAME: _____ EXPLORER'S SIGNATURE _____
EXPLORER'S AGE: _____ TELEPHONE: _____
ADDRESS: _____ CITY _____ STATE _____ ZIP _____
PARENT'S NAME _____ PARENT'S SIGNATURE _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was sworn to (or affirmed) and subscribed before me this _____ day of _____, 2014, by:

Name of Applicant _____, personally known to me, or Produced identification
type _____

NOTARY SIGNATURE _____ (Seal) _____

Intracoastal Police Explorer

EQUIPMENT INVENTORY

PROPERTY RECEIPT

NAME: _____
Last First

The following equipment has been issued to the above listed Cadet:

ITEM/AMOUNT	ISSUED DATE	RECEIVED
<input type="checkbox"/> Blue Uniform Trousers	_____	_____
<input type="checkbox"/> Short Sleeve Khaki Uniform Shirt	_____	_____
<input type="checkbox"/> Long Sleeve Khaki Uniform Shirt	_____	_____
<input type="checkbox"/> Round Police Uniform Hat	_____	_____
<input type="checkbox"/> Silver Tone Uniform Hat Badge	_____	_____
<input type="checkbox"/> Silver Tone Hat Band	_____	_____
<input type="checkbox"/> Long Sleeve Drill Khaki Uniform Shirt	_____	_____
<input type="checkbox"/> Fitted Blue Uniform Drill Coat	_____	_____
<input type="checkbox"/> Blue Drill Uniform Trousers	_____	_____
<input type="checkbox"/> Round Police Uniform Hat (Drill Hat)	_____	_____
<input type="checkbox"/> Gold Tone Uniform Hat Badge	_____	_____
<input type="checkbox"/> Gold Tone Hat Band	_____	_____
<input type="checkbox"/> Royal Blue Ascot	_____	_____
<input type="checkbox"/> Royal Blue Uniform Shoulder Rope	_____	_____
<input type="checkbox"/> Cadet Pistol Team T-Shirt	_____	_____
<input type="checkbox"/> Cadet Competition Team T-Shirt	_____	_____
<input type="checkbox"/> Blue Cadet Uniform Shorts	_____	_____
<input type="checkbox"/> Cadet T-Shirt(s)	_____	_____
<input type="checkbox"/> (color) _____	_____	_____
<input type="checkbox"/> (color) _____	_____	_____
<input type="checkbox"/> (color) _____	_____	_____
<input type="checkbox"/> (color) _____	_____	_____
<input type="checkbox"/> Cadet Polo style shirt(s)	_____	_____
<input type="checkbox"/> (color) _____	_____	_____
<input type="checkbox"/> (color) _____	_____	_____
<input type="checkbox"/> Cadet Guayabera(s)	_____	_____
<input type="checkbox"/> (color) _____	_____	_____
<input type="checkbox"/> (color) _____	_____	_____
<input type="checkbox"/> Black Clip-On Tie	_____	_____
<input type="checkbox"/> Leather Belt w/ Silver Tone Buckle	_____	_____
<input type="checkbox"/> Handcuff Case	_____	_____

MEDICAL INFORMATION FORM

This form will be completed by Parent/ guardian.

Child Name: _____ Age: _____

Birth date: _____ Race: _____ Sex: _____

Parent/ Guardian: _____ Telephone: _____

Home Address: _____ City: _____

In case of emergency, Notify: _____

Address: _____ Phone _____

HEALTH HISTORY (Check)

Frequent Colds _____

Chickenpox _____

Bed Wetting _____

Sinusitis _____

German Measles _____

Convulsions _____

Bronchitis _____

Whooping cough _____

Stomach upsets _____

Rheumatic Fever _____

Serious Ivy, Oak, Sumac Poisoning _____

Operations or Injuries _____

Blood Type: _____

Allergies: _____

Kidney Trouble _____

Measles _____

Heart Trouble _____

Abscessed Ears _____

Mumps _____

Fainting _____

Poliomyelitis _____

Asthma _____

Tuberculosis _____

Diabetes _____

Any specific activities to be restricted from? _____

IMPORTANT: Please notify the Post Advisor if your child is exposed to any communicable disease at any time, to prevent further infection.

I give consent for my son/daughter _____, to participate in the activities.

Parent/Guardian's Signature: _____ Date: _____