

Waterbury Police Explorers Membership Application Packet



For Office Use only:

Application received:	_____	_____	_____
	Signature 1	Signature 2	Date
Application Fee:	_____	_____	_____
	Signature 1	Signature 2	Date
Month 2 Fee:	_____	_____	_____
	Signature 1	Signature 2	Date
Month 3 Fee:	_____	_____	_____
	Signature 1	Signature 2	Date
Explorer Voted in:	_____	_____	_____
	Signature 1	Signature 2	Date

**** Special Note to Parents-**

Fill in the fields below with your Child/Wards information and save it. Then print and bring with you when enrolling into the program. Please note any incomplete sections on this application will be denied and will delay your enrollment process.



Waterbury Police Explorer Post 4141 Explorer Application Packet

Explorer Membership Application		
Applicant Information		
Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Employment Information (If any)		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
(Parent/Guardian Information)		
Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship to explorer:		



Waterbury Police Explorer Post 4141 Explorer Application Packet

Explorer Membership Application		
Emergency Contact		
If you would like to enroll into our mass text message system, enter your service provider below. <small><u>(Standard text rates may apply, check with your service provider)</u></small>		
Name:		
Home Phone:	Cell Phone:	Service Provider:
Other		
Are you a United States Citizen:		
Do you have a valid driver's license?		Driver's License #
What State:	Expiration:	Registration #:
Education		
Name of School:	Dates Attended:	Degree:
Do you have other children/siblings enrolled?		
Name:		Name:
Date Joined:		Date Joined:
Signatures		
Applicant (explorer last name, first name):		
Parent/Guardian Signature:		Date:



Waterbury Police Explorer Post 4141
Explorer Application Packet

Permission to carry Handcuffs

I, _____, the parent/guardian of _____

do hereby give permission for my child/ward to carry handcuffs while taking part in

sanctioned explorer events with the Waterbury Police Explorer Post 4141. I

understand that no handcuffs will be issued or allowed to be carried until proper

training on their usage has been given by a certified instructor of the Waterbury

Police Department. Explorers are **NOT** allowed to carry Handcuffs out of explorer

uniform and/or out of explorer sanctioned events or meetings.

I also understand that failure to comply with this policy will result in immediate
suspensions pending an investigation by the Post Advisors and Board of Directors

as deemed necessary.

By selecting here you **DO NOT** consent to your child carrying or training in handcuff
usage.

Signature of Parent/Guardian: _____

Date: ____/____/____

Signature of Explorer: _____

Date: ____/____/____



Waterbury Police Explorer Post 4141
Explorer Application Packet

Medical Clearance Form

I examined _____ on ____/____/____ and certify that he/she has no medical problems, or physical conditions that would prevent him/her from safely taking part in any physical activity as a result of their involvement with the Waterbury Police Explorer Post 4141. If you have any questions I may be contacted at telephone # (____) _____.

Physician's Name (Print):

Physician's Signature:

License Number:

Date: ____/____/____

Restriction:

This form is to be completed by the physician or Licensed care provider who has examined the above named explorer within the past fiscal year.



Waterbury Police Explorer Post 4141 Explorer Application Packet

Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to Waterbury Police Explorers to use the image of my child _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Waterbury Police Explorers website.

Deny permission to use my child's image at all.

Grant permission to use my child's image in the following ways (mark all that apply):

Limited usage: I want my child's image used within the Waterbury Police Explorers setting only (not in the larger community).

Limited usage: I want my child's image used for educational materials only (not marketing). This could be either within Waterbury Police Explorers or in the larger community. One example of this could be videos in parent education classes.

Limited usage: I want my child's image used on printed materials only (no digital or video use).

Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Waterbury Police Explorers for a variety of purposes and that these images may be used without further notifying me.

Parent/Guardian signature _____ Date _____

If you have questions, contact Waterbury Police Explorers at 203-568-0575.



Waterbury Police Explorer Post 4141 Explorer Application Packet

Parental Release Form

Please clearly indicate the permissions and/or restrictions that apply to your child/ward by writing Yes or No below and providing additional information where requested, if applicable.

Specialized trainings given to explorers include but are limited to;

_____ **Mountain Bike Training-** Rigorous bicycling skills, basic bicycle-handling skills; good physical health.

_____ **Physical Agility-** Includes 1.5 mile run, Push-ups, Sit ups, and many other approved physical activities. Please note that P.T is a required task during various activities unless otherwise stated by your child/ward's physician

_____ **Defensive Tactics/ Verbal Judo Training-** Explorers are taught basic defensive tactics skills and procedures such as, controlling their breathing, assessing situations, verbal techniques, avoiding distractions, body language and much more.

_____ **Basic Firearms Instruction/ Safety Training-** As a requirement of this program, the participants are expected to have a working knowledge of safe firearm handling and marksmanship. These courses are taught under close strict supervision by state certified range officers.

_____ **Ride-A-Long Program-** The purpose of the ride-a-long program is to provide the Explorer with a firsthand knowledge of patrol functions as well as a broader knowledge of basic police procedures. It supplements classroom training in basic police procedures through observation and conversation with police officers during their performance of routine patrol functions.

_____ .

If you have selected **NO** for your child/ward NOT to participate in any of the specialized trainings listed above please indicate below what are the restrictions.
