

Prospective Explorer,

Congratulations on taking your first step toward your “career” in law enforcement.

The Long Beach Police Department is home to the elite Long Beach Police Explorer Post #295. As an explorer, you will learn all aspects of law enforcement while providing community service.

Attached is an application for membership to participate in a one-of-a-kind police youth volunteer program working with the Long Beach Police Department. Part of the program is to teach you the fundamentals and prepare you for your “career”. This is your first step toward a fascinating and exciting program!

Please read all the instructions carefully. Do not leave anything blank. An incomplete application will be returned to you and will delay your application process. A neat and complete application is a part of the application process.

- Completion of application
You must complete the application and return it to the Explorer Coordinator either by mail or in person to:

Long Beach Police Department
Community Engagement Division
Attention: Explorer Coordinator
3800 Willow Street
Long Beach, CA 90815

- Background Check
- Explorer Orientation
- Attend Four (4) Consecutive Meetings
- Oral Interview
- Written Test
- Physical Agility Test
- Selection Board

If you have any questions or require additional information, please contact me at (562) 570-8597.

Respectfully,
Detective Sondra Ledesma
Police Explorer Coordinator
Community Engagement Division





Application for Explorer Post #295 Membership

INSTRUCTIONS

1. Print clearly in BLACK ink only.
2. Answer all questions completely and accurately.
3. If a question does not apply to you, write "DNA" (Does Not Apply). Do not leave the space blank.
4. Incorrect or false statements are cause for rejection or dismissal.
5. Attach a copy of your last report card to this application.
6. Attach a copy of your California driver's license/identification card, or school identification card to this application.
7. Write an autobiography about yourself and attach it to this application. The autobiography should contain information about your life, hobbies, interests, school, and why you want to be a Long Beach Police Explorer. The autobiography should be 1-2 pages and be typed, or neatly printed.

Your completed application, along with the required attachments are to be submitted to the Long Beach Police Department, Explorer Coordinator, either by mail, or in person:

**Long Beach Police Department
Community Engagement Division
Attention: Explorer Coordinator
3800 East Willow St
Long Beach, CA 90815**



TODAY'S DATE: _____

APPLICANT'S NAME: _____
LAST FIRST MIDDLE

DATE OF BIRTH: _____ AGE: _____

SEX: Male _____ Female _____

SOCIAL SECURITY NUMBER: _____ CITIZENSHIP: _____
(For security clearance purposes while on Military base during Explorer Academy)

HAIR COLOR: _____ EYE COLOR: _____ HEIGHT: _____ WEIGHT: _____

HOME ADDRESS: _____
Number Street Apt #

City State Zip

HOME PHONE: _____ CELL: _____ OTHER: _____

SCARS, MARKS, TATTOOS: _____
Description and Location

PERSONAL HISTORY

FATHER'S NAME: _____
LAST FIRST MIDDLE

FATHER'S ADDRESS: _____
Number Street Apt # City CA Zip

FATHER'S OCCUPATION: _____ WORK PHONE: _____

FATHER'S HOME PHONE: _____ CELL PHONE: _____



PERSONAL HISTORY – continued

MOTHER'S NAME: _____
LAST FIRST MIDDLE

MOTHER'S ADDRESS: _____
Number Street Apt # City CA Zip

MOTHER'S OCCUPATION: _____ WORK PHONE: _____

MOTHER'S HOME PHONE: _____ CELL PHONE: _____

GUARDIAN'S NAME: _____
LAST FIRST MIDDLE

GUARDIAN'S ADDRESS: _____
Number Street Apt # City CA Zip

GUARDIAN'S OCCUPATION: _____ WORK PHONE: _____

GUARDIAN'S HOME PHONE: _____ CELL PHONE: _____

WHOM IS APPLICANT LIVING WITH: Father _____ Mother _____ Both _____

Other (explain): _____

PARENT(S) (Circle One): Married Divorced Separated Widowed Other

LIST PERSON TO NOTIFY IN CASE OF EMERGENCY

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____
Number Street Apt # City CA Zip

HOME PHONE: _____ WORK PHONE: _____ CELL: _____



CLOSEST RELATIVE NOT LIVING WITH YOU

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____
Number Street Apt # City CA Zip

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

MEDICAL INFORMATION

PHYSICIAN NAME: _____ PHONE: _____

PHYSICIAN ADDRESS: _____
Number Street City CA Zip

HOSPITAL PREFERENCE: _____

HEALTH INSURANCE NAME: _____ POLICY#: _____

DO YOU HAVE ANY ALLERGIES: _____

ARE YOU TAKING ANY MEDICATION: _____

DO YOU WEAR GLASSES: YES _____ NO _____

DO YOU WEAR CONTACTS: YES _____ NO _____

DO YOU HAVE ANY PHYSICAL IMPAIRMENTS: YES _____ NO _____

IF YES, EXPLAIN: _____



EDUCATION

SCHOOL ATTENDING: _____ GRADE: _____

ADDRESS: _____ PHONE: _____
Number Street City CA Zip

YOUR GPA: _____

COUNSELOR NAME: _____

HAVE YOU EVER BEEN SUSPENDED OR EXPELLED: YES _____ NO _____
IF YES, EXPLAIN: _____

ARE YOU OR DO YOU PLAN ON ATTENDING COLLEGE: YES _____ NO _____

IF NO, WHY: _____

WHAT IS, OR WOULD BE, YOUR MAJOR: _____

TRANSPORTATION

DO YOU HAVE A CALIFORNIA DRIVER'S LICENSE OR PERMIT: YES ___ NO ___

IF YES, PROVIDE CDL/PERMIT NUMBER: _____

DO YOU DRIVE A CAR: YES _____ NO _____

IF YES, YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____

LICENSE PLATE# _____

DO YOU HAVE TRANSPORTATION TO ALL EXPLORER POST MEETINGS AND
EVENTS? YES _____ NO _____



POLICE CONTACTS

HAVE YOU EVER BEEN ARRESTED, OR PHYSICALLY TAKEN INTO CUSTODY, BY A POLICE OFFICER OR PRIVATE CITIZEN:

YES _____ **NO** _____

IF YES, BY WHOM: _____ **AGENCY:** _____

DATE: _____ **WHY:** _____

CHARGES: _____

HAVE YOU EVER BEEN CITED FOR ANY VIOLATION: YES _____ **NO** _____

IF YES, BY WHOM: _____ **AGENCY:** _____

DATE: _____ **WHY:** _____

CHARGES: _____

HAVE YOU EVER USED ANY TYPE OF ILLEGAL DRUG: YES _____ **NO** _____

IF YES, WHEN WAS THE LAST TIME: _____

EXPLAIN: _____

HAVE YOU EVER CONSUMED ANY ALCOHOLIC BEVERAGES: YES _____ **NO** _____

IF YES, WHEN WAS THE LAST TIME: _____

EXPLAIN: _____

HAVE YOU EVER BELONGED TO, OR HAVE BEEN AFFILIATED WITH, A GANG:

YES _____ **NO** _____

IF YES, EXPLAIN: _____

HAVE YOU EVER BELONGED TO, OR EVER APPLIED TO ANOTHER EXPLORER POST: YES _____ **NO** _____

IF YES, DID YOU LEAVE OR NOT GET ACCEPTED, EXPLAIN: _____



POLICE CONTACTS - continued

HAVE YOU EVER BEEN IN COURT AS A VICTIM, WITNESS, OR DEFENDANT:

YES _____ NO _____

IF YES, WHY: _____

HAVE YOU EVER BEEN TAKEN INTO PROTECTIVE CUSTODY BY A LAW ENFORCEMENT AGENCY, OR SOCIAL SERVICE AGENCY: YES _____ NO _____

IF YES, WHY: _____

HAVE YOU EVER BEEN STOPPED, OR CONTACTED, BY A LAW ENFORCEMENT AGENCY: YES _____ NO _____

IF YES, WHY: _____

SOCIAL NETWORKING ACCOUNTS

ACCOUNT NAME: _____
(i.e. Facebook, Myspace, Twitter, Instagram)

ADDRESS: _____ PASSWORD: _____

ACCOUNT NAME: _____
(i.e. Facebook, Myspace, Twitter, Instagram)

ADDRESS: _____ PASSWORD: _____

ACCOUNT NAME: _____
(i.e. Facebook, Myspace, Twitter, Instagram)

ADDRESS: _____ PASSWORD: _____

ACCOUNT NAME: _____
(i.e. Facebook, Myspace, Twitter, Instagram)

ADDRESS: _____ PASSWORD: _____

ACCOUNT NAME: _____
(i.e. Facebook, Myspace, Twitter, Instagram)

ADDRESS: _____ PASSWORD: _____



REFERENCES

PROVIDE THREE (3) PERSONAL REFERENCES, EXCLUDING RELATIVES, AND THE BEST TIME TO CONTACT THEM:

1. NAME: _____ PERSON'S AGE: _____

PHONE: _____ BEST TIME TO CONTACT: _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____

2. NAME: _____ PERSON'S AGE: _____

PHONE: _____ BEST TIME TO CONTACT: _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____

3. NAME: _____ PERSON'S AGE: _____

PHONE: _____ BEST TIME TO CONTACT: _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____

WHAT ARE YOUR HOBBIES AND INTERESTS:

HOW DID YOU HEAR ABOUT THE LONG BEACH POLICE EXPLORERS?



WHY DO YOU WANT TO BECOME A LBPD EXPLORER?

I, _____ **UNDERSTAND THAT ANY PORTION**
(Applicant's Name - Print)

OF THIS APPLICATION IS SUBJECT TO EXAMINATION BY THE LONG BEACH POLICE DEPARTMENT WITH MY CONSENT. I ACKNOWLEDGE THAT ALL OF THE FOREGOING INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE FOR THE SOLE PURPOSE OF BECOMING AN EXPLORER IN THE LONG BEACH POLICE EXPLORER POST 295.

Signature of Applicant: _____ Date: _____

Print Name of Applicant: _____

If under age 18

Signature of Parent or Guardian: _____ Date: _____

Print Name of Parent or Guardian: _____



RELEASE OF LIABILITY AND ASSUMPTION OF RISK FORM
(MINOR PARTICIPANT)

I, the undersigned, desire to allow my minor child, _____
(Print Name of Minor Name Applicant)

to participate in the Long Beach Police Department Police Explorer Post #295 program as a Police Explorer. I understand that as a Police Explorer my minor child will participate in activities that may include, but not be limited to, riding as an observer in a marked black and white police car with a Long Beach Police Officer during daylight/night time patrol activities, assisting Long Beach Police Officers with routine traffic control, participating in range training, traffic control outside the City of Long Beach, camping trips, road trips, travel to and from various events, physical activity, etc. ("the Program" herein).

In consideration of my minor child being permitted to participate in the Program, and to the maximum extent permitted by law, I hereby voluntarily waive, release, and discharge in advance any and all actions, or causes of actions, and claims for personal injury, wrongful death, and/or property damage, that I, my minor child, or any heirs or other successors, in interests thereof may have, or that may hereafter accrue, as a result of my minor child's participation in the Program, including activities incidental thereto.

This release is intended to release and hold harmless in advance the City of Long Beach, its elected officials, officers, employees, and volunteers from any and all liabilities, claims, and/or actions arising out of or connected in anyway with my minor child's participation in the Program, whether or not caused by the active or passive negligence of any of the officials. I further expressly authorize the provision of emergency medical aid to my minor child, if needed during the Program. I hereby represent that my minor child has no health problems that would be affected by his/her participation in the Program.

I understand that serious accidents and/or criminal activities may occur without warning during the Program and that a participant could sustain serious or fatal personal injuries as a consequence thereof. Knowing these risks, however, on behalf of my minor child, I nevertheless expressly assume those risks and agree that under no circumstances will I, my minor child, or any heirs or successors in interest thereof prosecute any civil action or claim for personal injury, wrongful death, or property damage, against any of the officials who, through active or passive negligence or otherwise, might be liable to me, my minor child, or heirs or other successors, in interest thereof for damages.

I am signing this document with the intent to release and hold harmless in advance the City of Long Beach, and its elected officials, officers, employees, and volunteers with the respect to any and all liability for personal, wrongful death, or property damage, whether or not caused by the active or passive negligence of any of the officials, to the maximum extent permitted by law. I have read this document and understand/acknowledge that by signing the same, my minor child and I, are giving up important legal rights. I intend this document to be valid, binding, and effective until withdrawn in writing.

Signature of Parent: _____ Date: _____

Print Name of Parent: _____

Signature of Parent: _____ Date: _____

Print Name of Parent: _____



RELEASE OF LIABILITY AND ASSUMPTION OF RISK FORM
(ADULT PARTICIPANT)

I, _____, the undersigned, desire to participate in the
(Print Name of Applicant)

Long Beach Police Department Police Explorer Post #295 program as a Police Explorer. I understand that as a Police Explorer I will participate in activities that may include, but not be limited to, riding as an observer in a marked black and white police car with a Long Beach Police Officer during daylight/night time patrol activities, assisting Long Beach Police Officers with routine traffic control, participating in range training, traffic control outside the City of Long Beach, camping trips, road trips, travel to and from various events, physical activity, etc. ("the Program" herein).

In consideration of me being permitted to participate in the Program, and to the maximum extent permitted by law, I hereby voluntarily waive, release, and discharge in advance any and all actions or causes of actions and claims for personal injury, wrongful death, and/or property damage, that I or any of my heirs or other successors, in interests thereof may have, or that may hereafter accrue, as a result of my participation in the Program, including activities incidental thereto.

This release is intended to release and hold harmless in advance the City of Long Beach, its elected officials, officers, employees, and volunteers from any and all liabilities, claims, and/or actions arising out of or connected in anyway with my participation in the Program, whether or not caused by the active or passive negligence of any of the officials. I further expressly authorize the provision of emergency medical aid to me, if needed during the Program. I hereby represent that I do not have any health problems that would be affected by my participation in the Program.

I understand that serious accidents and/or criminal activities may occur without warning during the Program and that a participant could sustain serious or fatal personal injuries as a consequence thereof. Knowing these risks, however, I nevertheless expressly assume those risks and agree that under no circumstances will I, or any heirs or successors in interest thereof prosecute any civil action or claim for personal injury, wrongful death, or property damage, against any of the officials who, through active or passive negligence or otherwise, might be liable to me, or heirs or other successors in interest thereof for damages.

I am signing this document with the intent to release and hold harmless in advance the City of Long Beach, and its elected officials, officers, employees, and volunteers with the respect to any and all liability for personal, wrongful death, or property damage, whether or not caused by the active or passive negligence of any of the officials, to the maximum extent permitted by law. I have read this document and understand/acknowledge that by signing; I am giving up important legal rights. I intend this document to be valid, binding, and effective until withdrawn in writing.

Signature of Applicant: _____ Date: _____

Print Name of Applicant: _____

Signature of Witness: _____ Date: _____

Print Name of Witness: _____

Relationship with Applicant: _____



BACKGROUND / SCHOOL INFORMATION WAIVER

I, _____, do hereby give permission to the law
(Print Name of Applicant)

enforcement representative(s) for Long Beach Police Explorer Post #295, to obtain any and all necessary information from a background check conducted on me. I understand that part of this background check will include, but is not limited to, a criminal record check and a driver history check.

I, _____, do hereby give permission to the law
(Print Name of Applicant)

enforcement representative(s) for Long Beach Police Explorer Post #295, to obtain any and all necessary information from any educational institution I attend. This permission is not limited to those school(s) I am currently attending, but also extends to all past educational institutions that I have attended. I understand that as part of this background check, my schools will be contacted for any information regarding my school performance that may include, but is not limited to, grade point average, conduct, work habits, attendance, and citizenship.

I request that all courtesies be extended to the representative(s) of the Law Enforcement Explorer Post #295, as to aid in the processing of my application for membership in the Long Beach Police Explorer Post #295 program.

I tend this document to be valid and effective as long as I am involved in the Long Beach Police Department Explorer Post #295 program.

Signature of Applicant: _____ Date: _____

Print Name of Applicant: _____

Signature of Parent: _____ Date: _____

Print Name of Parent: _____

Signature of Witness: _____ Date: _____

Print Name of Witness: _____

Relationship with Applicant: _____



AUTHORIZATION TO TREAT MINOR

I/We, the undersigned parent(s) or legal guardian(s) of _____,
(Print Name of Minor Applicant)

a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any licensed member of the medical staff and emergency room staff of any acute general hospital holding a current state license to operate a hospital.

It is understood that this authority 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 or her best judgment may deem advisable or necessary. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment not be withheld if the undersigned cannot be reached.

Father/Legal Guardian Signature: _____ Date: _____

Print Name: _____

Home Telephone Number: _____ Alternate Number: _____

Mother/Legal Guardian Signature: _____ Date: _____

Print Name: _____

Home Telephone Number: _____ Alternate Number: _____



HONESTY & INTEGRITY FORM

Two pillars of law enforcement are honesty and integrity. Honesty is defined as honorable or trustworthy; truthful. Integrity is defined as honesty, or the state of being whole. These pillars are crucial in the field of law enforcement.

As you prepare for a “career” in law enforcement, it is very important to practice these character traits in your life. During the time as an explorer, you will face challenges and make mistakes. This is part of the training and learning process. Regardless of the mistakes one makes, you must be truthful and maintain your integrity.

As an explorer, you are volunteering your time and effort to the Long Beach Police Explorer Post #295 and are free to resign from the Post at any time. If you choose to be dishonest about anything at all, you will be terminated from the Long Beach Police Explorer Post #295.

As an explorer, you will be exposed to codes, in-service training, and knowledge of the fundamentals and interactions of the Long Beach Police Department. What you learn will educate and prepare you for a “career” in law enforcement. You are not permitted to share this information with associates, friends, family, or relatives. Any material handouts such as radio codes, maps, diagrams, etc., must be secured at all times.

You are representing yourself, the Long Beach Police Explorer Post #295, Long Beach Police Department, and the City of Long Beach. You must maintain a professional demeanor while upholding the highest standards of integrity.

You are part of the Long Beach Police Department Police Explorer Post #295 program and will adhere to all rules, regulations, and follow the policies and procedures of the Long Beach Police Department, and Post #295.

Signature of Applicant: _____ Date: _____

Print Name of Applicant: _____

