



**BARTOW POLICE DEPARTMENT**  
**EXPLORER POST #631**  
**APPLICATION FOR MEMBERSHIP**

**PLEASE COMPLETE THE FOLLOWING :**

NAME: \_\_\_\_\_  
*LAST FIRST MIDDLE*

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
*CITY STATE ZIP*

HOME / MOBILE PHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SEX: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

SCHOOL YOU ARE CURRENTLY ATTENDING: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DO YOU HAVE ANY HOBBIES? IF SO, WHAT ARE THEY? \_\_\_\_\_

HAVE YOU PREVIOUSLY BEEN INVOLVED WITH AN EXPLORER POST? YES  NO

IF YES, DID YOU HOLD RANK? YES  NO  WHAT RANK? \_\_\_\_\_

HAVE YOU EVER BEEN DISCIPLINED FOR ANY REASON? YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU EVER HAD ANY INTERACTION WITH THE BARTOW POLICE DEPARTMENT OR ANY OTHER LAW ENFORCEMENT AGENCIES? YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU EVER EXPERIMENTED WITH NARCOTIC DRUGS OR ANY TYPE OF ALCOHOL? YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

BARTOW POLICE EXPLORER POST 631 APPLICATION

WHAT ARE YOUR CAREER PLANS? \_\_\_\_\_  
\_\_\_\_\_

DO YOU CURRENTLY HAVE A JOB? YES  NO

IF YES, WHERE DO YOU WORK? \_\_\_\_\_

DO YOU MAINTAIN AT LEAST A 2.0 OR "C" GPA (GRADE POINT AVERAGE)? YES  NO

PLEASE EXPLAIN WHY YOU WOULD LIKE TO JOIN THE BARTOW POLICE EXPLORER POST? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

FATHER: \_\_\_\_\_ WORK/MOBILE NUMBER: \_\_\_\_\_

MOTHER: \_\_\_\_\_ WORK/MOBILE NUMBER: \_\_\_\_\_

**SIGN IN THE PRESENCE OF A NOTARY**

I affirm that this application contains no misrepresentations or falsifications, omissions, or concealment of material fact, and that information given by me is true and correct to the best of my knowledge and belief. I am aware that statements made by me on this application are subject to later investigation. I am further aware that should an investigation disclose any such misrepresentations, falsification, omission, or concealment of material fact, my application may be rejected and my name removed from the Bartow Police eligibility list. If already approved for membership, I may be dismissed from the Post.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TYPE OR PRINT FULL NAME

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_

Personally known: \_\_\_\_\_

OR Produced Identification: \_\_\_\_\_

Type of Identification: \_\_\_\_\_

Notary Public-State of: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

\_\_\_\_\_  
*Printed, typed, or stamped commissioned name of Notary Public*

**RELEASE OF INFORMATION WAIVER**

I, the undersigned applicant, do hereby authorize the enclosed addresses to release all required information, whether recorded or unrecorded, to the Bartow Police Department, 450 N. Broadway Avenue, Bartow, Polk County, Florida 33830. I hereby agree and promise to indemnify and save harmless the addressee, its officers, agents, servants, or employees from and against any and all liability, claims, demand, damages, expenses, fees, fines, penalties, suits, proceedings, actions, and costs of actions, including attorney's fees, of any kind and nature arising or growing out of or in anyway connected with disclosure of the requested information.

**I have read and understand the above:**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Typed or Printed Name of Applicant*

\_\_\_\_\_  
*Date*

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Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_.

Personally known: \_\_\_\_\_

OR Produced Identification: \_\_\_\_\_

Type of Identification: \_\_\_\_\_

Notary Public-State of: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

\_\_\_\_\_  
*Printed, typed, or stamped commissioned name of Notary Public*



**MEDICAL RELEASE FORM (MUST BE NOTARIZED)**

The person herein described has permission to engage in all activities, except as noted by me below. In the event that I cannot be reached in an emergency, I, \_\_\_\_\_, the parent/guardian hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia or order an injection for my son/daughter \_\_\_\_\_.

MEDICAL RESTRICTIONS: \_\_\_\_\_  
\_\_\_\_\_

MEDICATIONS: \_\_\_\_\_  
\_\_\_\_\_

ALLERGIES: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Typed or Printed Name of Parent/Guardian*

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_.

Personally known: \_\_\_\_\_

OR Produced Identification: \_\_\_\_\_

Type of Identification: \_\_\_\_\_

Notary Public-State of: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

\_\_\_\_\_  
*Printed, typed, or stamped commissioned name of Notary Public*

**HOLD HARMLESS AND RELEASE FORM**

The undersigned, parents or guardians of \_\_\_\_\_,  
a member of Bartow Police Explorers Post Number 631, hereby indemnifies and hold harmless the Boy  
Scouts of America, its agencies and employees: and the City of Bartow and its servants, agents, and  
employees, specifically including any and all police officers or personnel involved with the supervision  
and control of the Bartow Police Explorer Post Number 631; from any and all claims of any kind  
whatsoever or of any nature for injury to the person or damage to the property of

\_\_\_\_\_, his/her parents, siblings, or heirs.

This indemnity and hold harmless agreement shall be considered a complete and total waiver of any  
and all liability on the part of the City of Bartow, its servants, agents or employees and particularly the  
police officers engaged in the supervision and control as set forth herein above

**DATED:** \_\_\_\_\_

**PRINTED NAME OF  
PARENT/GUARDIAN:** \_\_\_\_\_

**SIGNATURE OF  
PARENT/GUARDIAN:** \_\_\_\_\_

**BARTOW POLICE DEPARTMENT EXPLORER POST #631  
UNIFORM AND EQUIPMENT OBLIGATION FORM**

TO: PARENT/GUARDIAN OF POLICE EXPLORER

SUBJECT: EXPLORER OBLIGATION (UNIFORM AND EQUIPMENT)

The Bartow Police Explorers have purchased uniforms and other equipment to assist the Explorers in their training program.

Upon your Explorer leaving the Post, he/she is responsible for returning all equipment issued to him/her while still a member. In the event that issued equipment becomes damaged due to the negligence on the part of the Explorer; the cost for repair or replacement of the equipment will be the responsibility of the Explorer.

If this obligation is not met within the ten (10) working days of the date of resignation, the parent/guardian of the Explorer will be billed for the cost of any unreturned or damaged equipment. Your cooperation, therefore, will indeed be appreciated.

Please sign the statement below. If you have any questions, please contact the Bartow Police Explorer Advisory Board.

I, the Parent/Guardian of Explorer candidate, \_\_\_\_\_.

Do hereby understand and agree to the above obligations.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*



## BARTOW POLICE DEPARTMENT EXPLORER POST #631 EQUIPMENT LIST

The following list includes equipment that the Bartow Police Department Explorer Program issued to you. Upon leaving the Explorer Post Program, you are responsible for returning all of the items.

<u>ITEM</u>	<u>QUANTITY</u>	<u>VALUE/EACH</u>
Class "A" Shirt	_____	\$ 35.00
Class "B" Shirt	_____	\$ 30.00
Pants	_____	\$ 30.00
* Windbreaker Jacket	_____	\$ 35.00
Traffic Vest	_____	\$ 5.00
Identification Badge	_____	\$ 10.00
Raincoat*	_____	\$ 15.00
Duty Belt	_____	\$ 40.00
Whistle Chain	_____	\$ 10.00
Collar Brass	_____	\$ 30.00
Tie	_____	\$ 8.00
Binder/By-Laws	_____	\$ 5.00

\* *WHEN AVAILABLE*

The following are items/equipment that you are **required** to purchase. You may keep these items when you leave the Explorer Post Program:

- Name Tag
- Black Web Belt with Silver Buckle
- Belt Keepers
- Whistle
- \* Flashlight(s) and Flashlight holder(s)

\* *Not required to be purchased immediately.*

You must wear a black t-shirt, black socks, and black shoes with your issued uniform. These shoes must be ALL black with no other color. The shoes must be made of material that can be shined.

If you have any questions regarding the uniforms and equipment, please contact your Sergeant.

### ADVISOR / STAFF CHECKLIST

DATE OF FIRST MEETING: \_\_\_\_\_ APPLICATION PROVIDED: YES  NO

DATE OF SECOND MEETING: \_\_\_\_\_ APPLICATION RETURNED: YES  NO

DATE OF ORAL REVIEW BOARD: \_\_\_\_\_

TOTAL GRADE POINT AVERAGE: \_\_\_\_\_ G.P.A. COPY ATTACHED: YES  NO

DISCIPLINE RECORD ATTACHED: YES  NO

MEMBERSHIP ACCEPTED: YES  NO

SENIOR ADVISOR: \_\_\_\_\_

SERGEANT: \_\_\_\_\_

CAPTAIN: \_\_\_\_\_

DEPUTY CHIEF: \_\_\_\_\_

COMMENTS:

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IF MEMBERSHIP IS DENIED, EXPLAIN:

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# Exploring

## CRIMINAL BACKGROUND CHECK EXEMPTION

### FORM #28-573

**Social Security numbers are not required from employees of governmental agencies if criminal background checks have previously been made as a condition of employment.**

*(Please print)*

Applicant.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

***I certify that the person listed above has had a criminal background check and is qualified to serve as an adult participant in Exploring.***

Participating Organization Head: \_\_\_\_\_

Title: \_\_\_\_\_

Participating Organization: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM MUST ACCOMPANY THE APPLICANT'S EXPLORING ADULT APPLICATION**