

GLASSBORO POLICE EXPLORER

POST # 7120



New Member Application

Glassboro Police Explorers

Post # 7120

1 South Main Street * Glassboro, NJ 08028

(856) 881-1501

The Glassboro Police Department sponsors a Police Explorer Program for young adults ages 14 through 20 years old who are interested in Law Enforcement as a possible career. We are looking for new members of good moral character and a positive attitude.

The program includes a two-hour instruction period with active participation approximately one or two nights a month from 6:30 p.m. to 8:30 p.m. Instruction is related to police procedures, law, traffic control and related subjects. Eventually, members are permitted to perform some limited police related duties at special events. A ride-along program is also available to Explorers who are at least 16 (sixteen) years of age, have completed a minimum of 9 (nine) months prior service with the Post, have attended 75% of all post functions, successfully passed a written test and all ride-along preparatory training.

If you are interested in becoming a Glassboro Police Explorer or would like more information about the Program, please contact:

***Patrolman Kyle Snyder, #9116
Glassboro Police Department
(856) 881-1501, ext. 88112***

HOLD HARMLESS AGREEMENT

The undersigned, parents or guardians of _____, a member of the Glassboro Police Explorer Post #7120, hereby indemnifies and holds harmless the Borough of Glassboro, its agencies and employees, specifically including any and all Police Officers or personnel involved with the supervision and control of the Glassboro Police Explorer Post # 7120, from any 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 Borough of Glassboro, its servants, agents, or employees and particularly the Police Officers engaged in the supervision and control as set forth hereinabove.

Parent / Guardian

Date

ADULT EXPLORER
HOLD HARMLESS AGREEMENT

The undersigned, _____, a member of the Glassboro Police Explorer Post #7120, hereby indemnifies and holds harmless the Borough of Glassboro, its agencies and employees, specifically including any and all Police Officers or personnel involved with the supervision and control of the Glassboro Police Explorer Post # 7120, from any 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 Borough of Glassboro, its servants, agents, or employees and particularly the Police Officers engaged in the supervision and control as set forth hereinabove.

Explorer

Date

(Note: This form is only to be filled out if the Explorer is 18 years old or older and is to be signed by the Explorer.)

EMERGENCY MEDICAL
TREATMENT AUTHORIZATION

I, _____, hereby certify that my
(Parent / Guardian)
son / daughter, _____,
(Explorer Name)
is in good physical and mental condition and health. In the event of
sudden illness or injury where emergency medical treatment is deemed
necessary, I authorize that emergency medical treatment may be
administered to my son / daughter, _____.
(Explorer Name)
and for a member or immediate affiliate of the Glassboro Police
Department to sign an authorization form on my behalf.

Physical Limitations: _____

Medical Limitations: _____

Allergies: _____

Medications: _____

Family Doctor / Address / Phone: _____

Sworn and subscribed before me on:

Date

(Parent / Guardian signature)

Notary

Date

APPLICATION AND PERSONAL HISTORY

Name: _____ Home/Cell Phone: _____

Address: _____

Birth Date: _____ Age: _____ SS # (optional) _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color _____

Glasses: Y / N Scars: _____

Handicaps: _____

Driver's License Number: _____

Do you own/operate a vehicle? Y/N Plate Number: _____

Year/make/model of vehicle: _____

What school attending: _____

Present Grade: _____ Year Graduating _____

Employer: _____

Address of Employer: _____

Phone Number of Employer: _____ Hours per Week: _____

Position held at work: _____

Name of Supervisor: _____

Mother's Name: _____

Address of Mother (if different from yours): _____

Mother's Contact Number(s): _____

Father's Name: _____

Address of Father (if different from yours): _____

Father's Contact Number(s): _____

Previous Address(es) if lived at current address less than 3 years: _____

Have you ever been arrested? Y/N If so, what were the circumstances?

Please list 2 names, addresses and phone numbers of persons we may contact for a background check (They must be 18 yrs old and not a family member):

1. _____

2. _____

I CERTIFY THAT ALL OF THE FOREGOING IS TRUE

Signature of Explorer

Date



Glassboro Police Department

1 South Main Street
Glassboro, NJ 08028



Photo Release Form

Permission to Use Photographs and Video

I grant the Glassboro Police Department, its representatives and employees, the right to take photographs and / or video of me and/or my child. I authorize the Glassboro Police Department, its assigns and transferees to copyright and use and publish the same in print and/or electronically.

I agree that the Glassboro Police Department may use such photographs and/or video of me and/or my child for any lawful purpose, including for such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above:

Parent / Guardian Printed Name _____

Child's Printed Name _____

Address _____

Parent / Guardian Signature

Date