

# DUNWOODY POLICE EXPLORERS

## Internal Memorandum

To: All New Applicants  
From: Lieutenant W. R. Furman, Post Advisor  
Regarding: Application Packet

This is a memo explaining what should be in this packet and brief descriptions on how to fill it out.

**NOTICE:** PRINT ALL INFORMATION NEATLY AND CLEARLY ON THE FORMS. USE BLUE OR BLACK INK ONLY.

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### WHAT TO DO WITH WHAT

New Applicant Information	Read/Sign and Parent/Guardian Sign
Medical Release Form	Parent/Guardian Sign and Notarize
Hold Harmless and Release Form	Parent/Guardian Sign and Notarize
Phone List Information	Complete
Emergency Information Form	Complete
Application For Entry Form	Complete and Sign
Background Check Consent Form	Parent/Guardian Sign and Notarize
GCIC Awareness statement	Complete and Sign
Learning for Life Youth Application	Complete and Sign (Parent/Guardian and applicant)

All forms and documents must be completed upon turning in this packet.

# DUNWOODY POLICE EXPLORERS

## New Applicant Information

The following guidelines are to be followed by new applicants to the Dunwoody Police Department.

1. Members of the Dunwoody Police Explorers exemplify the standards of the Dunwoody Police Department. Only applicants with no criminal background need apply.
2. Explorers have regular scheduled meetings on Thursday from 6:00 p.m. to 8:30 p.m. New applicants must attend three consecutive meetings before membership to the Post can be approved.
3. Applicants must fill out this application entirely and turn in \$50.00 nonrefundable fee before becoming a member of the Dunwoody Police Explorers. A nominal deposit may be required for certain gear.
4. Uniforms will be issued to the applicant only when the Post Advisor sees that the applicant meets the standards of the Dunwoody Police Department and Police Explorers determine it. All uniforms, id cards, patches, or any other gear issued by the Dunwoody Police Department shall be the soul property of that Department. The transfer, selling, or alteration of that property is strictly prohibited.
5. All uniforms, Identification cards, patches, or any other equipment must be returned to the Post within fourteen days of separation or termination from this Post. Failure to return all property within thirty days of separation will result in criminal charges being filed against the former Explorer and/or Parents.
6. It is the responsibility of the new applicant to return all of the items indicated in Chapter 6.00.00 of the S.O.P. to the Post Advisor.  
All new applicants will be issued and must familiarize themselves with the Dunwoody Police Explorer S.O.P. and abide by its guidelines. Failure to do so would result in disciplinary action or termination from the Post.
7. New applicants must be at least fourteen years old and in high school. The applicant is required to maintain a satisfactory GPA of 2.0 or higher.
8. All Explorers are subject to a partial or complete medical examination by a Physician.
9. All Explorers are subject to a drug-screening test at any time while a member of this program.

New Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# DUNWOODY POLICE EXPLORERS

## Medical Release Form

The undersigned, parents or guardians of \_\_\_\_\_, authorize a member of the Dunwoody Police Explorer, the Dunwoody Police Department, and/or one of the Advisors of the Dunwoody Police Explorer, to treat for injuries. This is to include transport and/or care at the local medical facility.

This form is for all activities the above Explorer will participate in with the Dunwoody Police Explorer. This authorization will remain effective until written withdraw of consent or termination from Post.

This form must be filled out entirely for an applicant to be considered for entry into the program.

\_\_\_\_\_  
Printed Parent or Guardian's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Insurance Policy Number

\_\_\_\_\_  
Name of Insured

# DUNWOODY POLICE EXPLORERS

## HOLD HARMLESS AGREEMENT

WHEREAS, the undersigned, \_\_\_\_\_ desires to become a Police Explorer of the City of Dunwoody Police Department in order to observe the activities of the City of Dunwoody police;

NOW, THEREFORE, for and in consideration of the use of the premises, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned does hereby declare and agree to the following:

(a) agree and warrant that they do hereby release, defend, indemnify and save harmless the City of Dunwoody, its officers, directors, employees, and any other person, firm or corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors and assigns and agents from any and all costs, expenses, restrictions, claims, demands, suits, actions, proceedings, damages, liabilities, deficiencies, judgments, levies, costs or expenses, including, but not limited to, attorney's fees and expenses of any kind and nature, including, but not by way of limitation, any claim for damages to property or injuries to or death of any person or persons relating to or arising from riding with a member of the City of Dunwoody Police Department or arising out of any activities in connection with the Explorer program and/or ride-along with the City of Dunwoody police, regardless of whether arising from the negligence or wrongful acts, errors or omissions of the City of Dunwoody;

(1) Explorers may, upon reaching the age of 18 and having an approval letter from the Chief of Police, participate in the department's ride along program.

(b) agree and warrants that they shall reimburse the City of Dunwoody for legal fees and other costs incurred in the City of Dunwoody's defense of such claims of litigation. The City of Dunwoody shall have the right to participate in the defense of any claims or litigation and shall have the right to approve any settlement;

(c) agrees that this release extends and applies to, and also covers and includes, all unknown, unforeseen unanticipated and unsuspected injuries, damages, loss and liability, and the consequences thereof, as well as those now disclosed and known to exist. The provisions of any state, federal, local or territorial law or statute providing in substance that releases shall not extend to claims, demands, injuries or damages which are unknown or unsuspected to exist at the time, to the person executing such release, are hereby expressly waived;

(d) acknowledge that the waiver hereby releases and discharges the City of Dunwoody, its officers, directors, employees and agents, of any and all claims, relating to any bodily and personal injuries or damages to property and the consequences thereof resulting from their participation in the Explorer program and/or ride-along with the City of Dunwoody Police

Department. The undersigned further covenants with the City of Dunwoody that they, their heirs, executors, assigns and transferees will never at any future time sue the City for or on account of any claim for damages arising out of their participation in the Explorer program and/or ride-along with the City of Dunwoody Police Department whether such claims arise by the negligence of the City of Dunwoody, its employees or agents, or by the negligence of any other participant;

(e) agrees and understands that the agreement by the City of Dunwoody to allow the undersigned to ride with a member of the City of Dunwoody Police Department, is not to be construed as an admission of liability and acceptance of assumption of responsibility by the City of Dunwoody, its officers and members.

WITNESS the hand and seal of the undersigned, this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

“Undersigned”:

\_\_\_\_\_  
(sign here)

Signed, sealed, sworn to, and subscribed before the undersigned unofficial witness and notary public

\_\_\_\_\_  
Unofficial Witness

\_\_\_\_\_  
Notary Public

Commission Date:

# DUNWOODY POLICE EXPLORERS

## Emergency Information Form

Applicant's Name: \_\_\_\_\_

                    Last                      First                      Middle

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

                    Number                      Street                      Apt #

Phone Numbers: \_\_\_\_\_

                                    Home                                      Work

\_\_\_\_\_ Cell

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

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Primary Card Holder's Name: \_\_\_\_\_

Parent(s) and/or Guardian(s): \_\_\_\_\_

                                    Father/Male Guardian                      Mother/Female Guardian

                    Father/Male Guardian                      Mother/Female Guardian

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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Must provide at least two emergency contacts:

Emergency Contact 1:

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

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Emergency Contact 2:

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

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Emergency Contact 3:

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

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Emergency Contact 4:

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

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

**Medical History:**

Have you ever been hospitalized? YES NO

If YES, please explain:

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Do you currently take any long-term medication? YES NO

If YES, please explain:

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Do you suffer from any medical conditions? YES NO

If YES, please explain:

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Are you allergic to anything?    YES    NO

If YES, please explain:

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Is there anything you feel it is necessary for us to know?    YES    NO

If YES, please explain:

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Note: This information must be kept current and it is the individual Explorer's responsibility that current records are maintained with the Post.



# DUNWOODY POLICE EXPLORERS

## Application for Entry

### Personal Information:

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street Apt #

\_\_\_\_\_ City State Zip Code County

Phone Numbers: \_\_\_\_\_  
Home Work  
\_\_\_\_\_ Cell

Social Security Number: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

Circle: Male Female Race: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Do you speak any other language beside English? YES NO

If YES, please explain: \_\_\_\_\_

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List all organizations, clubs, and associations, which you are currently participating with:

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What are your hobbies, special skills, abilities and/or achievements?

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Are you currently employed? YES NO

If YES, with whom: \_\_\_\_\_

Supervisors Name \_\_\_\_\_ Work Address \_\_\_\_\_

Job Title: \_\_\_\_\_ How long employed: \_\_\_\_\_

Days/Hours you work: \_\_\_\_\_

Would your job interfere with your explorer duties? YES NO

IF YES, please explain how: \_\_\_\_\_

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Have you ever been detained by the police? YES NO

If YES, please explain: \_\_\_\_\_

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Have you ever been charged or convicted of a crime or juvenile offense? (Do not include traffic violations) YES NO

If YES, please explain: \_\_\_\_\_

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List all traffic citations that you have received:

Location (Dept)	Approx. Date	Nature of Violation	Penalty	Disposition
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List your career and education goal(s):

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**References:** (NO Immediate Family Members)

Reference 1:

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Reference 2:

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Reference 3:

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Who recommended you for the Explorer Program or how did you hear about it?

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Are you a U.S. citizen? YES NO

If NO, please explain why and if you are planning to be one:

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Have you ever participated in the Boy Scouts or Girl Scouts? YES NO

If YES, what was your rank? \_\_\_\_\_

Have you ever been terminated from another Explorer post or any Boy Scouts of America organization? YES NO

If YES, please explain when, why and by whom: \_\_\_\_\_

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Do you smoke cigarettes? YES NO

Do you chew tobacco? YES NO

Have you ever done drugs? YES NO

If YES, please explain when and what: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever consumed alcohol? YES NO

If YES, please explain when, why, and where: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has there ever been any disciplinary action taken against you at school? YES NO

If YES, please explain when and why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you or were you ever affiliated with any cult, gang, or organized crime? YES NO

If YES, please explain when and who: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Continued Next Page\*



**Please read and sign:**

All information that I have given on this application is the truth and it contains no falsification or misrepresentations, I also understand that any falsehood or half-truth discovered by the Dunwoody Police Department will be grounds for termination or denial into the explorer program. I also understand that all the information contained in this application will be held confidential.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

Reviewed by:

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

# DUNWOODY POLICE EXPLORERS

## Background Check Consent Form

The undersigned, parents or guardians of \_\_\_\_\_, a member of the Dunwoody Police Explorers, hereby authorizes the Dunwoody Police Explorer Advisor or his designee to conduct a thorough criminal background investigation. This is to include, but not limited to a criminal history check, driver's history check, school attendance and academic records check, interviews of family/friends/acquaintances for the purpose of acceptance and continued participation in the Dunwoody Police Explorer Program.

\_\_\_\_\_  
Explorer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Parent or Guardian's Name

\_\_\_\_\_  
Parent of Guardian's Signature

\_\_\_\_\_  
Notary

**GEORGIA CRIME INFORMATION CENTER  
AWARENESS STATEMENT**

Access to Criminal Justice Information, as defined in GCIC Council Rule 140-1-.02 (amended), and dissemination of such information are governed by state and federal laws and GCIC Council Rules. Criminal Justice Information cannot be accessed or disseminated by any employee except as directed by superiors and as authorized by approved standard operating procedures which are based on controlling state and federal laws, relevant federal regulations, and the Rules of the GCIC Council.

O.C.G.A. §35-3-38 establishes criminal penalties for specific offenses involving obtaining, using, or disseminating criminal history record information except as permitted by law. The same statute establishes criminal penalties for disclosing or attempting to disclose techniques or methods employed to ensure the security and privacy of information or data contained in Georgia criminal justice information systems.

The Georgia Computer Systems Protection Act (O.C.G.A. §16-9-90 et seq) provides for the protection of public and private sector computer systems, including communications links to such computer systems. The Act establishes four criminal offenses, all major felonies, for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy, and Computer Forgery. The criminal penalties for each offense carries maximum sentences of fifteen (15) years in prison and/or fines up to \$50,000.00, as well as possible civil ramifications. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of one (1) year in prison and/or a \$5,000.00 fine.

The Georgia Criminal Justice Information System Network is operated by the Georgia Crime Information Center in compliance with O.C.G.A. §35-3-31. All databases accessible via CJIS Network terminals are protected by the Computer Systems Protection Act. Similar communications and computer systems operated by municipal/county governments are also protected by the Act.

By my signature below, I acknowledge that I have read and understand this Awareness Statement.

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

Signed: \_\_\_\_\_

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

Reviewed 2016/Last Revised 2016

This form is read by machine. Please print the numbers and letters as shown on the sample application.

# YOUTH PARTICIPANT

Post number:

If applicant has an unexpired participant certificate, participation may be accomplished in this unit by paying \$1 for processing the transfer. Mark and attach certificate. It will be returned by the council.

Transfer application

Transfer from council number:

E-mail:

Name and address information (Please print one letter in each space—press hard, you are making a copy.)

First name (No initials or nicknames)

Middle name

Last name

Suffix

Country Mailing address

City

State Zip code

Home phone

Date of birth (mm/dd/yyyy)

Grade

Ethnic background:

- African American
- Native American
- Alaska Native
- Asian
- Caucasian/White
- Hispanic/Latino
- Pacific Islander
- Other

Gender:  Male  Female

Parent/guardian information

Mark here if address is same as above.

Mark here if the adult parent/guardian is not living at the same address; complete and attach a Learning for Life adult application.

Select relationship:

Parent

Guardian

Grandparent

Other (specify)

First name (No initials or nicknames)

Middle name

Last name

Suffix

Country Mailing address

City

State Zip code

Home phone

Date of birth (mm/dd/yyyy)

Occupation

Employer

Gender:

- M
- F

Business phone

Ext.

Previous Exploring experience

Cell phone

Parent/guardian e-mail address

I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).

Signature of post leader

Date

Signature of parent/guardian

6001

Registration fee \$

Signature of Explorer