## Rockford Police Department-Explorers Program

Vision Statement- To create positive character and leadership in youth, through community participation and career exploration.

Mission Statement- It is the mission of the Rockford Police Career Explorers to enable young people to become responsible and ethical individuals for our community.

### Qualifications

-Applicant must be 14-20 years of age.
-Must be a student.
-Must be willing to go through the interview process, including, but not limited to, a background check.
-Must be passing an average of five out of seven classes (the same standard given by Rockford Schools to play in sports).
**Please print in black ink or type.**

### APPLICATION FOR MEMBERSHIP

Last name: _____ First Name: _____ Middle Name: _____
Date of Birth: _____ Age: _____ Race: _____ M or F
Alias' (nicknames): _____

Home Address, City, State, Zip Code:
_____
Home Phone: _____ Cell Phone: _____
Email: _____ Facebook User Name: _____
School: _____ Grade: _____
Emergency Contact (name and phone number): _____
Parent/Guardian name and phone number:
_____

Have you ever been arrested for, convicted or, or cited for any offense? (Circle one) Yes/No
If yes, explain in detail. Give the date, charge, location and court disposition. Use additional paper if needed.

_____

List two character references that are not family members:

Name: _____ Home phone: _____

Address: _____ Work phone: _____

Name: _____ Home phone: _____

Address: _____ Work phone: _____

___ I have attached a current Letter of Recommendation.

___ I have attached a current report card.

I hereby certify there are no willful falsifications, omissions, or misrepresentations in the forgoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection for enrollment or dismissal from the City of Rockford Police Department Explorers Program.

Signature: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

*Any questions should be directed to Lt. Scott Oswald at 815-987-5871 or by email at scott.oswald@rockfordil.gov*

*We will be having an orientation on September 22, 2015 from 6:00pm until 8:00pm. Once a location is selected you will be notified by email.*

Return Completed Application prior to ***September 18, 2015*** to:

City of Rockford Police Explorers Program

C/O Rockford Police Department

420 W. State Street

Rockford, IL 61101

Hold-Harmless Agreement

**(Age 18 or Older)**

The undersigned, _____, being 18 years of age or older, does hereby understand as a member of the Police Explorer Program, I may ride/participate with a sworn police officer, in an authorized Rockford Police Department motor vehicle and/or activity. This program is for the benefit of education. I hereby agree I will be subject at all times to all instructions, orders, and commands given to myself by the officer or officers in command of any vehicle and/or activity I may be riding or participating in. I fully realize and appreciate the basic nature of law enforcement work and the possibility situations may arise, which might result in my being exposed to danger of physical harm or injury including but not limited to motor vehicle accidents. I nevertheless freely and voluntarily accept the risks.

WHEREFORE, in consideration of the educational benefit to be received and the granting of the above request, I hereby agree to hold the City of Rockford, Illinois, its City Council, its elected and appointed officials, employees and agents harmless from all liability to me for personal injury or property damage sustained during the period of time I may be in the capacity of a Rockford Police Department Police Explorer, including damages of personal injuries resulting from any negligent acts or omissions of any officer, elected official employee or agent of the City of Rockford as aforesaid,

DATE:_____

APPLICANT/EXPLORER'S NAME:_____ DATE OF BIRTH:_____

SIGNATURE:_____ PHONE:_____

Hold-Harmless Agreement (Explorer under 18 years old)

I/We, _____ parent(s) or legal guardian of _____ who is under the age of eighteen (18), consent to my son/daughter's participation in the Police Explorer Program of the Rockford Police Department of Rockford, Illinois, I understand as a member of the Police Explorer Program, my son/daughter is to ride/participate with a sworn police officer, in an authorized Rockford Police Department motor vehicle and/or activity. This program is for the benefit of education. I hereby agree my son/daughter will be subject at all times to all instructions, orders, and commands given to him/her by the officer or officers in command of any vehicle and/or activity he/she may be riding or participating in. I fully realize and appreciate the basic nature of law enforcement work and the possibility situations may arise, which might result in my son/daughter being exposed to danger of physical harm or injury including but not limited to motor vehicle accidents. I nevertheless freely and voluntarily accept the risks.

WHEREFORE, in consideration of the educational benefit to be received and the granting of the above request, I hereby agree to hold the City of Rockford, Illinois, its City Council, its elected and appointed officials, employees and agents harmless from all liability to my son/daughter for personal injury or property damage sustained during the period of time he/she may be in the capacity of a Rockford Police Department Police Explorer, including damages of personal injuries resulting from any negligent acts or omissions of any officer, elected official employee or agent of the City of Rockford as aforesaid,

DATE:_____

APPLICANT/EXPLORER'S NAME:_____ DATE OF BIRTH:_____

PARENT/GUARDIAN'S NAME:_____ PHONE:_____

PARENT OR GUARDIAN'S SIGNATURE:_____

# MEDICAL RELEASE FORM

I/We know of no health or fitness restriction that precludes the participation of Explorer _____ in the Explorer Ride-Along program for Explorer Post 911, sponsored by the Rockford Police Department.

In the Event of serious illness or injury to _____ while involved in this activity, I/we consent to emergency medical treatment, x-ray examination, anesthesia, medical or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the emergency medical technician/paramedic and the attending physician, and is performed under the supervision of a member of the medical staff of the hospital furnishing the medical services.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me/us will be attempted.

Parent(s)/Guardian(s) Name _____

_____

Parent(s)/Guardian(s) Signature _____

_____

EMERGENCY PHONE NUMBERS

Home (_____)_____ Work (_____)_____

Any secondary phone numbers (_____)_____

(_____)_____

NOTARY PUBLIC _____DATE _____

ADVISOR APPROVAL _____DATE_____

EXPIRATION DATE_____

**CODE OF CONDUCT**

1. The Rockford Police Explorer Advisor Staff will be responsible for maintaining discipline, security, and the program Code of Conduct.

2. I will set a good example by keeping myself neatly dressed and presentable.

3. I will not engage in any conduct that could bring discredit to the Rockford Police Department, Exploring Program, or myself.

4. I will attend all scheduled sessions and participate in all activities as required.

5. I will obey all orders given to me by my Advisor(s) unless illegal, unethical, or immoral.

6. I agree to be in my room and quiet as instructed by Advisors or their designee in consideration of other participants. No male Explorers are allowed in female Explorers' sleeping quarters or vice versa.

7. I understand that I will not be allowed to use a personally owned vehicle while attending any outside exploring activities unless permission is given by an advisor.

8. I understand that I must notify my captain and my Advisors prior to me leaving early at any explorer function.

9. I will be responsible for maintaining neatness and cleanliness at the Rockford Police Department Law Enforcement Exploring Program facilities. I will adhere to all the policies and regulations of the facility.

10. I clearly understand that the purchase, possession, or consumption of alcoholic beverages, tobacco products, or illegal drugs by any participant or me is prohibited during after or before explorer functions.

11. I agree that gambling or hazing of any form will not be permitted.

12. I will not bring any knives, firearms, or any other weapon to explorer meetings or events.

13. I will refrain from all illegal activity and negative police contact while I am a member in this program.

# ROCKFORD POLICE DEPARTMENT
# LAW ENFORCEMENT EXPLORING PROGRAM
# POST 911

# BY-LAWS

Please make note that all By-Laws are subject to disciplinary action. Explorers will be governed by post's By-Laws and Code of Conduct.

## MEMBERSHIP

- Membership in this post is limited to young adults with good moral character between the ages of 14 and 20.
- Prior to membership, all potential explorers are subject to a background investigation. Potential explorers with serious criminal arrest and/or criminal behavior that have gone undetected by law enforcement officials are subject to exclusion from the post and to be reviewed by the post Advisors.
- Must abide by all By-Laws and rules and regulations governing the environment.
- Must pay an annual registration fee that is set by Learning for Life.
- Must submit to a probationary period by successfully completing requirements set by post Advisors.
- Explorer must carry themselves in a professional manner.

## ATTENDANCE

Attendance is mandatory at all schedule post/training meetings and community service events. Scheduled post/training meetings and community service events will be determined by the Advisors who will be responsible in establishing the day of the week, date, time, and location.

## SELECTION OF POST OFFICERS

Members interested in holding any office/positions of leadership must express their interest in writing. The Explorer positions of leadership include: post president - captain; vice president - lieutenant of administration; vice president - lieutenant of operations; treasurer – sergeant; secretary – sergeant; and sergeant of arms.