



Palm Bay Police Department

Explorer Post #597



Dear Future Explorer:

Thank you for your interest in the Palm Bay Police Department's Explorer Program. The Police Explorer Program **is not meant to serve as a disciplinary program for troubled youth. Police Explorers are a group of young men and women between the ages of 14-21 who share a common interest in the field of law enforcement.** Membership to the Law Enforcement Explorer Post is open to both male and female youths between the ages of 14 that completed the 8th grade to the age of 20. Palm Bay Police Explorers are individuals who want to educate themselves for a future law enforcement career. Members of the Police Explorer Program are held accountable to the same ethical and moral standards as Palm Bay Police Officers.

Police Explorers meet weekly to attend training provided by Palm Bay Police Officers in various aspects of law enforcement, which include but is not limited to: building searches, traffic stops, felony traffic stops, drill, and domestic violence. Members will utilize the training received and apply those skills in scenarios within the program. Members will apply the skills and participate in state competitions with other Police Explorer Programs throughout the state. After completing a probationary period and completing the Ride-A-Long Waiver Form, Police Explorers who are 16 years of age or older will be provided the opportunity to ride-a-long with members of the Palm Bay Police Department.

Prior to becoming a member, a thorough background investigation will need to be completed.

This packet includes all the required paperwork, which will need to be completed for all aspects of your involvement in the Explorer Program. You are to complete this package and the Records Release Authorization using *black* or blue ink. Please print legibly. ***Ensure you double-check your responses to ensure that you have answered all questions completely and sufficiently.*** Write detailed answers in the areas provided. If additional space is needed, please use a sheet of lined paper. Some pages, which require both you or your parent/guardian's signature, and must be signed in the presence of a Notary Public. A Notary is available to you at the Palm Bay Police Explorer Post.

When completing your application packet, please remember exact dates, addresses, zip codes and telephone numbers are required. If you cannot recall specific dates, indicate "approximately" in the space provided. If any "Yes/No" question does not apply to you, check NO. If any other requested information does not apply, place N/A (not applicable) in the blank.

An incomplete and/ or illegible background packet will be returned to you, which could affect your opportunities or delay your processing.

The submission of this biographic information application carries the understanding that you are authorizing the Palm Bay Police Department to contact all available sources for the purpose of obtaining information about your qualifications and suitability for the program. We cannot overstate the importance of you providing complete, accurate, and honest information.



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Please attach copies of all documents listed below which apply to you. *All required documents must accompany your completed packet at the time of submission.*

- Current Driver's License
- Social Security Card
- Recent photograph (passport type size ok, however not more than 6 months old)
- Birth Certificate, Current and valid US Passport, or Certificate of Naturalization
- Employment History (if applicable)
- Driving History (if applicable)
- Arrest/Conviction History
- Changes of Name, Address, Number

Any change in information must be updated during the application process with the background investigator or with the Explorer Advisor while a member of the Explorer Post.

Your completed background application package and attendant paperwork is to be returned within *ten business days*. If we do not receive communication from you within the stated time, we will assume you are no longer interested and your file will be closed.

Once you have completed all enclosed forms and have all your required documents compiled, please contact Training Coordinator Jessica Welzenbach in order to schedule your finger printing and to turn in the required forms. Please contact Training Coordinator Jessica Welzenbach at 321-952-3465 between the hours of 9:00 AM and 4:00 PM or at Jessica.Welzenbach@palmbayflorida.org.

Please note, pages 3 thru 12 will need to be turned into Training Secretary Welzenbach. The remaining pages, including a BSA Application, if not already on file, will need to be turned in to Advisor Staff. A \$55.00 fee will be required upon turning in the paperwork, \$20.00 for the annual membership plus an additional \$35.00 for the annual Post BSA Charter membership.

If you or your parents have questions regarding the Police Explorer Program, your application, or you need to update information on your packet (name, address, phone numbers) you may contact the following Police Explorer Advisors:

Officer Frank Tobar
321-733-3020
tobarf@pbfl.org

Thank you for your interest in the Palm Bay Police Explorer Program. We hope to see you become an active member of the Explorer Program.



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MEMBERSHIP APPLICATION

Full Name: _____
Last First Middle

Alias (Any previous names or nicknames): _____

Street Address: _____
Street City State Zip Code

If different than above
Address: _____
Street City State Zip Code

Home Phone: _____ Cell: _____ Other: _____

Email: _____ @ _____ Social Security: _____

Age: _____ Date of Birth: _____ Race: _____ Sex: _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____

Scars, Marks, Tattoos: _____

School Attending: _____ Grade: _____

Do you have access to a car? _____ Do you have a license? _____ If yes, give state and license number: _____ Expires: _____

Type of vehicle(s) owned or driven by you with tag number: _____

List all traffic violations in the last three years: _____

(Please remember to obtain a copy of your driving history from each state in which you have been issued a drivers license.)

Has your license ever been suspended? _____ if yes, give details: _____



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Have you ever been arrested, received a notice to appear, charged, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? _____ If so, give date, place, agency, and offense:

Date	Location of Occurrence	Offense	Penalty/Disposition

Have you ever sold, transported, delivered, or possessed any of the following substances other than as allowed by law?

Hallucinogenic Drugs ___ Yes ___ No Amphetamines ___ Yes ___ No Cocaine ___ Yes ___ No
 Marijuana ___ Yes ___ No Barbiturates ___ Yes ___ No Crack ___ Yes ___ No
 Tranquilizers ___ Yes ___ No Crank ___ Yes ___ No Heroin ___ Yes ___ No
 LSD ___ Yes ___ No

Any other illegal drug or narcotic not listed? ___ Yes ___ No
 Have you ever misused a prescription drug? ___ Yes ___ No
 Have you ever obtained a prescription drug through fraud? ___ Yes ___ No

Have you ever been associated with or a member of any illegal gang? _____ If yes, give details, dates, and circumstances: _____

Have you even been suspended or expelled from school? _____ If yes, give date, reason, and name of school. _____

How did you hear about the Post? _____

Will you be able to attend most Explorer meetings, training, and activities? _____

Why do you want to join the post? _____



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Personal Data

(This section must be filled out completely or application will be rejected.)

Father's Name: _____ Work or Cell #: _____

Mother's Name: _____ Work or Cell #: _____

Place of Birth: _____ Social Security Number: _____
(Please include copy of birth certificate.)

Religious Preference (optional): _____

Do you have a job? _____ If yes, give name, address, and phone number of employer or boss: _____

Give a brief description of your duties and responsibilities at your place of employment: _____

Have you ever been fired from or asked/agreed to leave a job? _____ If yes, please give details: _____

How long have you lived in Palm Bay? _____ Brevard County? _____

Have you ever been listed as a runaway juvenile? _____

Have you ever been a member of an Explorer Post before? _____ If yes, where? _____

DO NOT TURN MONEY IN WITH THE BACKGROUND APPLICATION PAPERWORK!!!

You will be contacted upon completion of the background investigation to complete applications for the (if not already a member) Boy Scouts of America.

Upon successful completion of the background process, a total payment of \$55.00 will be required. These costs include a \$20 processing fee for a membership to the Palm Bay Police Department Police Explorers. The additional \$35 is in place for a charter fee for membership to the Boy Scouts of America for insurance coverage while at Explorer events, which the post is active under. These fees are required annually to maintain an active membership.



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PERSONAL HEALTH SUMMARY/MEDICAL RELEASE

To be completed by parent or guardian – Please print

Name: _____ Date of Birth: _____ Age: _____ Sex: _____

Name of Parent/Guardian: _____ Relationship: _____

Home Address: _____
Street City State Zip Code

Business Address: _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

If person named above is not available in the event of an emergency notify:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name of Personal Physician: _____ Phone: _____

Personal Health Insurance Carrier: _____ Policy #: _____

In case of emergency, I understand every effort will be made to contact me, in the event I cannot be reached, I hereby give permission to the physician selected by the adult advisor in charge to secure appropriate/required treatment, including hospitalization, anesthesia, surgery, injections or medication for my child.

Parent/Guardian Signature

Date

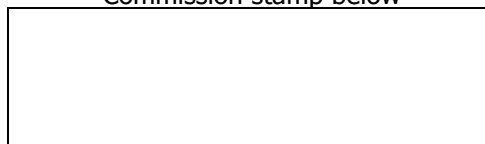
State of Florida
County of Brevard

Before me, personally appeared _____ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose, Therefore, Sworn to and subscribed before me this _____ day of _____, 20 _____

_____ Identification produced _____ -or- _____ Personally Known

_____ My commission Expires: _____

Commission stamp below





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(continued)

Is there any medical condition or allergy (to plant, bug, food, or medication, etc) that you feel as a parent/guardian the Palm Bay Police Department Explorer Post need be aware of for the safety and concern of your son/daughter?

THIS INFORMATION IS PROVIDED TO THE PALM BAY POLICE DEPARTMENT ON AN OPTIONAL BASIS AND IS NOT REQUIRED.

If there is information you wish to provide the Palm Bay Police Department Explorer Post, please do so on the lines provided below. This information will be kept confidential and utilized only when medically necessary for care and/or treatment of the person indicated.

EXPLORER NAME:



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RECORD RELEASE AUTHORIZATION

In order to get a good idea of the character of the individual applying for membership in the Palm Bay Police Explorer Post #597, we request that parents sign the release form below. This form releases all childhood records in the area of law enforcement history and enables the Explorer post to make a fair decision regarding the applicant.

I, the parent/guardian of _____, release all formal records of my son/daughter to the Palm Bay Police Department Police Explorer Post #597 and their department assigned Background Investigator. I do also realize that these records are recognized as FULLY CONFIDENTIAL and will remain so. I understand that if the RELEASE FORM is not signed, my child may not be accepted into Explorer Post #597.

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

Please print:

Child's Full Legal Name

Child's Date of Birth

County Birth Place

State of Florida

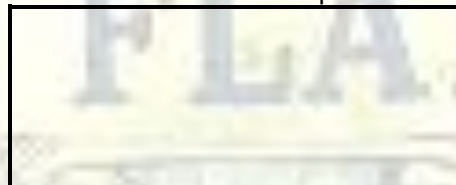
County of Brevard

Before me, personally appeared _____ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose, Therefore, Sworn to and subscribed before me this _____ day of _____, 20 _____

Identification produced _____ -or- _____ Personally Known

My commission Expires: _____

Commission stamp below





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Full Release of Liability

We, the undersigned Explorer Scout and Parent or guardian, hereby fully releases the Palm Bay Police Department and all personnel thereof, from any and all liability arising out of their permission for Explorer Scout to ride and associate with the Palm Bay Police Department and all personnel thereof as an observer.

We understand and appreciate fully that _____, may be subjected to hazardous situations, which can cause serious bodily injury or death by associating with the Palm Bay Police Department and all personnel thereof, as an observer.

Dated this _____ day of _____, 20 _____

Witness

Explorer Scout Signature

Witness

Parent/Guardian Signature

State of Florida

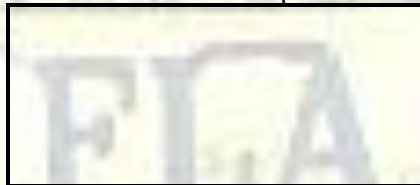
County of Brevard

Before me, personally appeared _____ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose, Therefore, Sworn to and subscribed before me this _____ day of _____, 20 _____

_____ Identification produced _____ -or- _____ Personally Known

My commission Expires: _____

Commission stamp below





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FIREARMS TRAINING PERMISSION RELEASE

Part of the training and activities the Explorers participate in is marksmanship training and competition. This activity is *optional*, not mandatory. Marksmanship training is only conducted and supervised by state certified firearms instructors in strict accordance with the guidance established by the Boy Scouts of America and the National Rifle Association. Explorers will be firing revolvers, semi-automatic handguns, shot guns and/or rifles.

If you wish your child to participate in this program, this form along with the **RELEASE OF LIABILITY** form **must** be signed and notarized. *No Explorer will be permitted to participate until these forms are returned.*

I, _____, the undersigned parent/guardian of Explorer _____, give permission for my son/daughter to participate in firearms training/competition with Explorer Post #597.

I further agree to hold harmless the Palm Bay Police Department, including any of its employees, agents, or other representatives, from any accident, illness, injury, or other loss or harm suffered from this activity.

I understand that the Explorer Post or agent of the Palm Bay Police Department may terminate this privilege if the Explorer fails to follow any instructions during training or competition.

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

State of Florida

County of Brevard

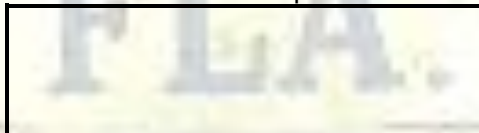
Before me, personally appeared _____ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose Therefore.

Sworn to and subscribed before me this _____ day of _____, 20 _____

_____ Identification produced _____ -or- _____ Personally Known

_____ My commission Expires: _____

Commission stamp below





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CO2 TRAINING PERMISSION RELEASE

Part of the training and activities the Explorers participate involves CO2 cartridges. This activity is *optional*, not mandatory. CO2 training is only conducted and supervised in strict accordance with the guidance established by the Boy Scouts of America and the Palm Bay Police Department. Explorers will be firing CO2 revolvers, semi-automatic handguns, shot guns and/or rifles.

If you wish your child to participate in this program, this form along with the **RELEASE OF LIABILITY** form **must** be signed and notarized. *No Explorer will be permitted to participate until these forms are returned.*

I, _____, the undersigned parent/guardian of Explorer _____, give permission for my son/daughter to participate in CO2 training with Explorer Post #597 or other Explorer Post registered with the Boy Scouts of America.

I further agree to hold harmless the Palm Bay Police Department, including any of its employees, agents, or other representatives, from any accident, illness, injury, or other loss or harm suffered from this activity.

I understand that the Explorer Post or agent of the Palm Bay Police Department may terminate this privilege if the Explorer fails to follow any instructions during training.

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

State of Florida
County of Brevard

Before me, personally appeared _____ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose, Therefore, Sworn to and subscribed before me this _____ day of _____, 20 _____

_____ Identification produced _____ -or- _____ Personally Known

_____ My commission Expires: _____

Commission stamp below





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CONFIDENTIAL AGREEMENT

I hereby make an application to Explorer Post #597.

Applicant's Initials _____

I understand that certain rules and regulations apply to all members and agree to abide by them.

Applicant's Initials _____

I understand that I may come across information that may be confidential. I agree to keep it that way.

Applicant's Initials _____

I understand that if I do anything that is contrary to the by-laws governing the *Post*, resulting in embarrassment for the *Post*, the office or Department, my membership will be terminated.

Applicant's Initials _____

I swear that I have not provided any information that is deliberately misleading, dishonest, or deceptive in the application.

Applicant's Initials _____

Applicant Signature

Date

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY

Date of First Meeting	
Date Application Received	
Investigator Assigned	
Investigation Findings	
Attached NCIC Records (if applicable)	
Date Member Voted	
Accepted	
Rejected	
Date Applicant Notified	