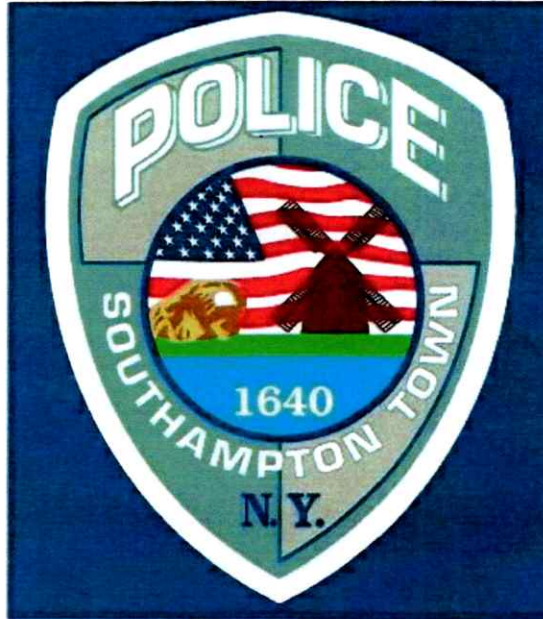


SOUTHAMPTON TOWN POLICE EXPLORER APPLICATION



SOUTHAMPTON TOWN
POLICE DEPARTMENT

EXPLORER APPLICATION
FOR
MEMBERSHIP

Return To:
SRO Anthony Vecchio
110 Old Riverhead Rd
Hampton Bays, NY 11946
631-702-2228

SOUTHAMPTON TOWN POLICE EXPLORER APPLICATION

PLEASE NEATLY PRINT THE FOLLOWING INFORMATION IN BLACK INK AND ANSWER ALL QUESTIONS FULLY.

DATE OF APPLICATION: _____

NAME: _____
(LAST, FIRST, MI)

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

I AM BETWEEN THE AGES OF 14-20 YEARS OF AGE: _____ YES _____ NO

ADDRESS: _____
(STREET)

(TOWN, STATE, ZIP CODE)

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____

EMAIL ADDRESS: (LIST ALL): _____

SOCIAL MEDIA ACCOUNTS: _____

HAVE YOU EVER BEEN IN THE MILITARY: _____ YES _____ NO

DO YOU HAVE A DRIVERS LICENSE: _____ YES _____ NO

DRIVERS LICENSE NUMBER: _____ EXPIRATION: _____

HAVE YOU EVER BEEN DISAPPROVED FOR A LICENSE: _____ YES _____ NO

HAS YOUR LICENSE EVER BEEN REVOKED/SUSPENDED: _____ YES _____ NO

PARENT/GUARDIANS NAMES: _____

ADDRESS IF DIFFERENT: _____

PARENT/GUARDIAN CELLPHONE: _____ WORK PHONE: _____

SOUTHAMPTON TOWN POLICE EXPLORER APPLICATION

CELLPHONE: _____ WORK PHONE: _____

PARENT/GUARDIAN EMAIL ADDRESSES: _____

SCHOOL INFORMATION:

I AM CURRENTLY ENROLLED AS A STUDENT AT:

SCHOOL NAME: _____

ADDRESS: _____

TOWN/STATE/ZIPCODE: _____

SCHOOL GUIDANCE COUNSELOR: (NAME): _____

TELEPHONE NUMBER: _____

CURRENT GRADE: _____

HAVE YOU EVER BEEN SUSPENDED: _____ YES _____ NO

IF YES, WHY _____

EMPLOYMENT INFORMATION:

ARE YOU CURRENTLY EMPLOYED: _____ YES _____ NO

NAME OF EMPLOYER: _____

ADDRESS: _____

TOWN/STATE/ZIP: _____

NAME OF SUPERVISOR: _____

HAVE YOU EVER BEEN DISCHARGED FROM EMPLOYMENT: _____ YES _____ NO

IF YES, EXPLAIN: _____

SOUTHAMPTON TOWN POLICE EXPLORER APPLICATION

CANDIDATE BACKGROUND INFORMATION:

DO YOU HAVE ANY MEDICAL PROBLEMS THAT WE SHOULD BE AWARE OF: _____ YES _____ NO

IF YES, EXPLAIN: _____

HAVE YOU EVER USED ANY ILLEGAL NARCOTICS: _____ YES _____ NO

HAVE YOU EVER USED OR TRIED MARIJUANA _____ YES _____ NO

DO YOU SMOKE OR USE E CIGARETTES: _____ YES _____ NO

IN THE PAST 90 DAYS HOW MANY ALCOHOLIC BEVERAGES HAVE YOU CONSUMED? _____

HAVE YOU HAD ANY LAW ENFORCEMENT CONTACT: _____ YES _____ NO

IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN A MEMBER OF A POLICE EXPLORER PROGRAM: _____ YES _____ NO

DATE OF MEMBERSHIP: _____ AGENCY: _____ POST#: _____
REASON FOR LEAVING: _____

HAVE YOU EVER BEEN A MEMBER OF ANOTHER
FIRE/AMBULANCE SERVICE ORGANIZATION: _____ YES _____ NO

NAME OF ORGANIZATION: _____
ADDRESS: _____
PHONE NUMBER: _____ SUPERVISOR: _____
DATES OF MEMBERSHIP: _____
REASON FOR LEAVING: _____

ARE YOU CURRENTLY A VOLUNTEER IN ANY OTHER ORGANIZATION: _____ YES _____ NO
ORGANIZATION: _____
DUTIES: _____

SOUTHAMPTON TOWN POLICE EXPLORER APPLICATION

DO YOU HOLD ANY MEDICAL CERTIFICATIONS: _____ YES _____ NO

TYPE: _____

CANDIDATE PERSONAL REFERENCES:

PLEASE PROVIDE THE FULL NAME AND ADDRESS WITH TELEPHONE NUMBERS OF FOUR REFERENCES THAT ARE NOT RELATED TO YOU.

ONLY ONE CAN BE A MEMBER OF ANOTHER EXPLORER POST AND ONLY ONE CAN BE A MEMBER OF LAW ENFORCEMENT.

1. NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

2. NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

3. NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

4. NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

SOUTHAMPTON TOWN POLICE EXPLORER APPLICATION



SOUTHAMPTON TOWN POLICE DEPARTMENT
HOLD HARMLESS RELEASE FORM

he undersigned, parents or guardians of _____ (the "Participant"), a participant of the Southampton Town Police Department Explorer's Program (the "Program"), hereby indemnifies and hold harmless The Town of Southampton, its agencies, and employees, including but not limited to, any and all police officers or personnel involved with the supervision and control of the Program, from any claims of any kind whatsoever or of any nature that may be brought by the Participant, his/her parents, siblings, heirs or anyone else having the authority to bring a claim on behalf of the Participant. This indemnity and hold harmless agreement shall be considered a complete and total waiver of any and all liability on the part of the Program, the Town of Southampton, its servants, agents, and employees as set forth above. Further, I grant full permission to the Town of Southampton and the Southampton Town Police Department to use any photographs, video tapes, motion pictures, recordings or other records of the Participant's participation in the Program for any legal purpose whatsoever.

Explorer's Signature

Date

Parent's Signature
(if explorer is under 18 years of age)

Date



SOUTHAMPTON TOWN POLICE DEPARTMENT
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 the Southampton Town Police Explorer's, sponsored by The Town of Southampton.

In the event of 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 service.

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

Parent/Guardian Name: _____

Signature: _____ Date: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

Emergency Phone Numbers:

Home: _____ Work: _____

Cell: _____

Home: _____ Work: _____

Cell: _____

ADVISOR APPROVAL

Date

