



Warren Law Enforcement Explorers

Gentian Marku Post #586

29900 Civic Center Drive, Warren, Michigan 48093 586.574.4854 www.warrenexplorers.org

Dear Explorer Applicant,

We are pleased that you have shown an interest in the Warren Police Department Explorer Program. This is the information that you requested. I have enclosed a brochure that tells more about the program, a map of where we hold our meetings, and an application to join the program.

To begin the application process, complete the enclosed application and bring it with you to a meeting.

Explorer meetings are held the first three Monday's of every month beginning at 6:00pm. The next meeting date is always posted on our website at www.warrenexplorers.org. The meetings usually last about two (2) hours. The meetings are held at the Warren Police Department Christopher M Wouters Building located at 29900 Civic Center at the corner of Civic Center and Common Road.

The Explorer Program is the best program that young men and women can become involved in if they want to learn about law enforcement. We hope that you will be able to attend a meeting and become a member of this worthwhile and rewarding program.

If you have further questions, please contact Officer Roland Bell, Post Advisor at 586-574-4854 or email at rbell@warrenpd.org.

Our website also contains plenty of informative information regarding our program. Be sure to visit, www.warrenexplorers.org.

Sincerely,

Officer Roland Bell
Post Advisor



A few things you should know about the Warren Police Explorer post prior to joining:

You must meet all of the requirements to join the Explorer Program prior to applying, such as: school grades, no serious arrests or convictions, good moral character, etc.

If accepted into the Explorer Program, you will be expected to maintain these standards throughout your stay in the Explorer Post. If you do not maintain these standards, you could be removed from the program.

If accepted into the Explorer Program, you will be required to purchase a Uniform within six months after your acceptance. These uniforms can be costly, however in the mean time you will be required to wear "appropriate" attire for attending meetings and training.

Each Explorer is also responsible for paying an annual charter membership \$20, collected at the start of the fiscal year (July 1). Another part of the uniform that is considered mandatory is a small pocket notebook and a black ink pen, which will need to be purchased and be with you at every meeting unless specified otherwise.

If accepted into the Explorer Program, you will be required to maintain good grooming standards on hair length and appearance, facial hair and general appearance. These standards are to be met by the next Explorer meeting or activity after you are accepted. These standards will also be maintained throughout your stay in the Explorer Program or you could be removed.

Dating other members of the Explorer Program is not advisable. Although friendships are made, the Explorer Program is not intended to be used as a dating service or to find boyfriends or girlfriends for you. If it is discovered that members of the Explorer Program are dating, both members could be removed from the program.

Any occurrence of dishonesty, and/or deception is grounds for immediate termination from the Explorer Program.

If accepted into the Explorer Program, you will be required to accept constructive criticism and occasional discipline. The discipline for minor infractions may include, but is not limited to, memos, pushups or running stairs. You must be willing to accept and perform the assigned discipline when asked.

The Warren Police Explorer Program has and maintains high standards. We expect all of our members to be proud of who they are and proud to belong to this organization. We will not make exceptions to our high standards as we do have a reputation to live up to.

Therefore, if you do not feel that you are capable of following these simple rules and requirements, we suggest that you reconsider applying for this program. If you do feel that you can follow these rules and requirements, we invite and welcome your application to be a Warren Police Explorer.

WARREN POLICE EXPLORER APPLICANT REGISTRATION FORM

READ THE FOLLOWING INFORMATION CAREFULLY AND COMPLETELY

Those persons responsible for accepting applications into the Warren Police Explorer Program will evaluate this registration form. It will be reviewed as part of a background investigation into your personal history.

ALL APPLICANTS ARE REQUIRED TO COMPLETE THIS REGISTRATION FORM AS PART OF THE APPLICATION PROCESS.

ANY FALSE, MISLEADING, OR INCOMPLETE INFORMATION OR FAILURE TO FOLLOW INSTRUCTIONS LISTED BELOW WILL BE GROUNDS TO DISQUALIFY YOU FOR MEMBERSHIP IN THE WARREN POLICE EXPLORER PROGRAM.

**** PLEASE NOTE ****

EVENTS SUCH AS TRAFFIC TICKETS, OR POLICE INTERACTIONS MAY NOT NECESSARILY BE A REASON FOR NOT BEING ACCEPTED INTO THE EXPLORER PROGRAM, BUT FAILURE TO PROVIDE COMPLETE DISCLOSURE OF THESE PAST INCIDENTS WILL BE GROUNDS FOR REFUSAL OF ADMISSION TO THE PROGRAM. BE COMPLETELY HONEST IN THIS APPLICATION.

FOLLOW THESE DIRECTIONS CAREFULLY!

- USE **BLACK INK** TO COMPLETE THIS REGISTRATION FORM.
- COMPLETE THE FORMS IN YOUR OWN HANDWRITING/PRINTING. **DO NOT TYPE.**
- WRITE OR PRINT LEGIBLY.
- READ EACH QUESTION CAREFULLY.
- ANSWER EACH QUESTION COMPLETELY AND ACCURATELY.
- ANSWER ALL QUESTIONS.
- IF A QUESTION DOES NOT APPLY TO YOU, WRITE "N/A" IN THE BOX.
- IF YOU NEED ADDITIONAL SPACE, WRITE ON THE BACK PAGE.
- BEFORE RETURNING THIS REGISTRATION FORM, READ AND SIGN THE LAST PAGE.
- IF YOU ARE UNDER 18, YOU MUST HAVE A PARENT/GUARDIAN SIGNATURE.

WARREN LAW ENFORCEMENT EXPLORER MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

Home Phone:

Cell Phone:

Current address:

City:

State: MI

ZIP Code:

E-mail Address:

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

Position:

EMERGENCY CONTACT

Name of a relative:

Phone:

Relationship:

EMERGENCY CONTACT

Name of a relative:

Phone:

Relationship:

EDUCATION

Most Recent High School Attended:

Most Recent Grade Completed:

9 10 11 12

Graduated? YES or NO

Have you ever been suspended/expelled from school: YES or NO (if yes, please explain)

REFERENCES

Name

Phone

Relationship

CRIMINAL/DRIVING HISTORY

Have you ever been convicted of a crime or traffic offense?: YES or NO (if yes, please explain)

How many points do you have on your driving record?

MEDICAL HISTORY

Do you have any allergies or medical conditions that we need to know about?: YES or NO (if yes, please explain)

EXPLORING HISTORY

Where did you hear about the Warren Explorers?:

Were you ever an Explorer in a different program?: YES or NO | If yes, where?:

What is your reason for leaving?:

Were you ever involved in the Boy Scouts of America?: YES or NO | If yes, when?:

VERIFICATION STATEMENT

I affirm that this Registration Form contains no misrepresentations or falsifications, omissions, or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this registration form are subject to later investigation. I am further aware that should any investigation disclose any misrepresentation, falsification, omission, or concealment or material fact, my application may be rejected and I will not be eligible to become an Explorer with the Warren Police Department.

If I have already been accepted, I may be dismissed. I authorize the Warren Police Department to make inquiry of employers and references listed on the registration form regarding my integrity, reputation and character. I realize that it is necessary for the Warren Police Department to thoroughly investigate all aspects of my personal background and qualifications. By applying to be a volunteer with the Warren Police Explorer Post, I expressly waive all my legal rights and causes of action to the extent that the Warren Police Department investigation (for purposes of evaluating my suitability) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

The undersigned further agrees to hold harmless and release from liability, under any and all possible cause of action, the City of Warren, the Warren Police Department, their officers, agents, and employees for any statements, acts or omissions in the course of the investigation into my background, family, personal habits and reputation, and my mental and physical health.

I also agree to participate in the Explorer activities if accepted into the Warren Explorer Post. I agree to exonerate and hold blameless the Commissioner of Police of the City of Warren, its officers, advisors, and Explorers in the event of any accident or injury which may occur as a result of my participating in the Exploring activities with this organization.

SIGNATURE OF APPLICANT

Signature of applicant:

Date:

PARENT/GUARDIAN SECTION (COMPLETE ONLY IF UNDER 18 YEARS OF AGE)

We, the parent / guardian or _____, have read the application for the Warren Police Explorer Post and do also agree with the above mentioned statements. I also agree to allow my son / daughter to participate in the Explorer activities if he / she is accepted into the Explorer Post. We also agree to exonerate and hold blameless the Commissioner of Police of the City of Warren, its officers, advisors, and Explorers in the event of any accident or injury which may occur as a result of my participating in the Exploring activities with this organization.

SIGNATURE OF PARENT/GUARDIAN

Signature of parent/guardian if under 18:

Date:

MEDICAL RELEASE

In the matter of _____, I/We know of no health or fitness restriction that precludes the participation in the Explorer program for Gentian Marku Explorer Post #586, sponsored by the Warren 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.

A parent/legal guardian must also sign if participant is under 18 years of age

APPLICANT

Print Name:

Signature:

PARENT/GUARDIAN

Print Name:

Signature:

Daytime Phone:

Cell Phone:

Alt. Phone:

PARENT/GUARDIAN

Print Name:

Signature:

Daytime Phone:

Cell Phone:

Alt. Phone:

NOTARY

NOTARY PUBLIC SIGNATURE

HEPATITIS B VACCINE DECLARATION FOR POST YOUTH/ADULT VOLUNTEERS

I understand that due to my voluntary participation in Exploring activities, I may be exposed to blood and other potentially infectious materials, and may therefore be at risk of acquiring hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine (check one):

At my expense

At a reduced cost

At no charge to me

However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, which is a serious disease. If in the future I continue to participate in post activities with exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series (check one):

At my expense

At a reduced cost

At no charge to me

A parent/legal guardian must also sign if participant is under 18 years of age

APPLICANT

Print Name:

Signature:

PARENT/GUARDIAN

Print Name:

Signature: