



# Frederick Police Department Explorer Post #153



## Frederick Police Explorer Application Packet

### General Membership Requirements:

1. Applicants must be 14 to 20 years of age
2. Parental approval must be obtained
3. Applicant must have a sincere interest in law enforcement
4. Applicant must maintain a GPA of 2.0 or better while enrolled
5. The applicant must be of good character and possess good moral habits.
6. All Explorers must complete the Basic Explorer Training Program
7. All applicants must successfully complete the basic training program.

**\*\*Applicant's driving record will be considered.**

None of the above requirements are intended to be an automatic disqualifier. All are taken into consideration.

### When completing the attached application:

- Please complete all blanks. If an item doesn't apply, write "N/A"
- Give complete information, including your full first, middle, and last name. Don not use abbreviations or nicknames
- Be sure you and or your parents sign all the forms in the appropriate places.
- Intentional withholding of information or falsification of information on this application will result in immediate denial of acceptance.
- All Waivers must be notarized

When completed please return to:

Frederick Police Department  
Explorer Program  
100 West Patrick Street  
Frederick, MD 21701

If you have any questions or concerns please contact Cpl. Tracey Wiles at 301-600-1276 or [twiles@frederickmdpolice.org](mailto:twiles@frederickmdpolice.org)





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I hereby apply for the position of Frederick Police Explorer. I further consent and authorize the Police Department to conduct a background check including, but not limited to, a juvenile criminal history record check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
-Printed Name

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

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

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

School Attending: \_\_\_\_\_

Anticipated graduation Date: \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Address: \_\_\_\_\_

Father's Contact number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Mother's Contact number: \_\_\_\_\_





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Are you employed?  Yes  No

If Yes where and what is your position: \_\_\_\_\_

Average number of hours worked each week? \_\_\_\_\_

Career Interests: \_\_\_\_\_

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Previous Training: \_\_\_\_\_

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Do you have a driver's license?  Yes  No

If yes: What is the driver's license number? \_\_\_\_\_

List any traffic violations you have ever been stopped, including date, agency, and disposition:

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Have you ever been arrested or charged with a criminal offense?  Yes  No





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If yes please explain:

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Have you ever used drugs or prescription medication not prescribed to you? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain:

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Have you consumed alcohol while under the age of 21? \_\_\_\_ Yes \_\_\_\_ No  
If yes please explain:

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Have you ever been suspended from school or given in school suspension? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain:

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How many days absent or tardy this school year? \_\_\_\_\_

What is your current GPA? \_\_\_\_\_





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Please list at least 3 adult References. The references can be neighbors, family friends, or co-workers, coaches or teachers:

1.

Name:

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Address:

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Contact Number:

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Email Address:

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2.

Name:

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Address:

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Contact Number:

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Email Address:

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3.

Name:

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Address:

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Contact Number:

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Email Address:

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## STATEMENT OF UNDERSTANDING

I HEREBY REPRESENT THAT I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THIS DOCUMENT CONSISTING OF GENERAL MEMBER REQUIREMENTS, WAIVER OF LIABILITY, APPLICATION, AND PERSONAL HEALTH HISTORY AND HOLD HARMLESS AGREEMENT, AND UNDERSTAND THE CONTENTS OF THESE DOCUMENTS AND SIGN SAME OF MY OWN FREE WILL.

EXECUTED AT \_\_\_\_\_, ON THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

SIGNATURE OF STUDENT MEMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT'S INITIALS: \_\_\_\_\_

AS PARENT OR GUARDIAN OF \_\_\_\_\_, I HAVE READ THE ATTACHED FORMS AS NOTED ABOVE AND AGREE TO ALL OF THE TERMS CONTAINED THEREIN.

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DATE: \_\_\_\_\_

NOTARY:

SEAL:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





## Frederick Police Department Explorer Post #153

### Waiver of Liability, Release of Claims, and Indemnification

As consideration for being a member of the Frederick Police Explorers and thereby being permitted to engage in Frederick Police Explorer activities;

In consideration for the opportunity to participate actively in the Frederick Police Explorer program, I do hereby agree to waive any and all claims, and to indemnify and hold harmless the City of Frederick, the Frederick Police Department, and their respective officials, employees, agents and representatives, from and against any and all claims for damage, injury, loss or cost, of any kind whatsoever, including attorneys fees, arising out of or incident to this Agreement and/or my participation in the Explorer Program.

I further understand and acknowledge that I have read, and that I agreed to abide by, the "Guidelines for the Explorer Program," including, but not limited to, the following specific provisions thereof: that I am not authorized to have in my possession any firearm or other weapon; that I do not have, nor have I the right to exercise, any power of arrest; that I shall not participate actively in any investigative function or otherwise act or claim to act for or on behalf of the City of Frederick, Maryland, and the Frederick Police Department, an individual Frederick Police Officer, or supporting personnel thereof; and that I shall not operate any motor vehicle owned or operated by the city of Frederick, Maryland, the Frederick Police Department, an individual Frederick Police Officer, or supporting authorized personnel thereof. I further understand and acknowledge that by reason of my participation in this Program, I may relate, for academic purposes, any experience which I may observe and use the same in connection with my studies, but in connection there with I shall not ask for or receive any compensation except as an approved and recognized scholarship, grant, or regular financial assistance.

I hereby acknowledge and understand police work in general and that my participation in the Program may involve some inherent risks, and I hereby assume responsibility for any and all such risks.

IN WITNESS WHEREOF, I have, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, executed this Waiver, acknowledging that I have read and understand, and agree to, said Waiver.

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Parent or Legal Guardian Signature**

NOTARY:

\_\_\_\_\_  
Signature/Date

