

LAW ENFORCEMENT EXPLORER POST 609

*SPONSORED BY
CHESTERFIELD COUNTY POLICE DEPARTMENT*

APPLICATION FOR MEMBERSHIP



As a Chesterfield County Police Explorer, you may come in contact with confidential police information. In addition, as an organization associated with law enforcement, it is vital that Law Enforcement Explorer Post 609 protect its integrity. Therefore, it is necessary to complete this application as thoroughly as possible and answering all questions to the best of your knowledge. Please send the completed application to the Post Advisor as soon as possible.

PERSONAL HISTORY

Have you ever been arrested, detained, or the subject of a police investigation for any violation of criminal law? YES NO

If yes, explain:

Have you ever been charged with a traffic violation? YES NO

If yes, explain:

Have you ever been suspended from school? YES NO

If yes, explain:

Do you, or have you ever used any illegal drug or alcohol? YES NO

If yes, explain:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that any information found to be false or misleading will AUTOMATICALLY disqualify me from becoming and/or remaining a member of Law Enforcement Explorer Post 609.

Signature: _____ Date: _____

CHESTERFIELD COUNTY POLICE DEPARTMENT

WAIVER OF CIVIL LIABILITY

EXPLORER POST 609

In consideration of the Chesterfield County Police Department granting me permission to accompany a member of the Chesterfield County Police Department as a participant in the Explorer Post Ride-along Program, I, _____, understand that this program is inherently dangerous and I assume all risk of injury. To the extent legally permissible, I hereby waive any and all claims and demands, of whatever nature, which I have or may hereafter acquire against the County of Chesterfield, its Police Department, and any or all of their servants, agents, employees and officers, as a result of my voluntary participation in the Ride-along Program on the date and time specified. I further agree to comply with all rules of the Ride-along Program and any instructions or orders issued by members of the Police Department in connection with this program. I certify that I am at least eighteen years of age, or 15 years or older and a member in good standing of Law Enforcement Explorer Post 609. I hereby acknowledge that I fully understand the consequences of this waiver and that I have signed this as a voluntary and intelligent act on my part.

RIDE-ALONG PARTICIPANT (Printed name)

RIDE-ALONG PARTICIPANT (Signature)

DATE

SIGNATURE OF PARENT (Required if Explorer is Under 18)

DATE

DEPARTMENT MEMBER WITNESS

Advisor Interview:

Background Check :
