

SANFORD POLICE DEPARTMENT 815 Historic Goldsboro Boulevard SANFORD, FL 32771



<u>APPLICATION FOR PARTICIPATION IN YOUTH PROGRAMS</u>

POLICE EXPLORERS:		SANFORD F.A.C.E.S. PROGRAM:		
1. Name:(Last)	(First)	(Middle)	Male: Female:	
2. Date of Birth:	Age:			
4. Email Address:				
5. Home Phone:				
6. Your Present School:				
7. What grade are you in nov	w? What is your gr	rade-point average?		
8. Brief Statement on your g	rades:			
9. In case of emergency:				
(Mother's Name)	(Place of employ	ment)	(Phone)	
(Father's Name)	(Place of employs	ment)	(Phone)	
(Other)	(Location)		(Phone)	

). Are you employed?				
. If so, by whom?	(Company)			
(Address)			(Phone)	
. Have you ever been arreste	ed? Yes 🔲 No 🗍		,	
·				
(Charge)			(Department)	
3. List Three (3) references or	ver the age of 18 and n	ot relatives.		
A				
(Name)	(Address)	(Phone)	(Relation)
B(Name)		Address)	(Phone)	(Relation)
C.		radiossy	(Thore)	(remion)
C(Name)	(Address)	(Phone)	(Relation)
Special Interest and activiti	es:			
. List other organizations/clu	ıbs:			
ANY	FALSE INFORMAT	TION WILL BE (GROUNDS FOR DISMISSAL	
(Signature of Applicant)	(Date)		(Signature of parent/legal guardian)	(Date)

PHYSICAL DESCRIPTION

Name:	Date of Birth:
Height: ft in.	Weight: lbs.
Color of Eyes:	Color of hair:
Do you wear glasses?	Contacts?
Race: Complexion:	_
Build: Very small Small Medium Large	☐ Very large ☐
Allergies:	
I certify that all statements made by me are true to the confidential.	e best of my knowledge; I also understand that this form will remain
(Date)	(Applicant Signature)
· •	
Approval of parent or guardian:	
(Parent or Le	egal Guardian Signature)

MEDICAL RELEASE FORM

TO: Sanford Police Youth Activities 815 Historic Goldsboro Blvd Sanford, Florida 32771

I, the parent of a participant in the Sanford Police Explorers or Sanford F.A.C.E.S. programs, understand that due to many activities of Sanford Police Department Police Explorers or F.A.C.E.S. program and, I at time not being present to sign medical form for my child if an injury should occur do hereby give permission to any and all Sanford Police Officers to sign any medical forms necessary for medical treatment in my place that may be needed in case of an accidental injury to Participant					
I also release the Sanford Police I stemming from any accidental inj participant in the Sanford Police I	ury that might	occur during the t	ime that my son/	daughter is a	
Parent or Legal Guardian Signature					
Sworn to and subscribed before m	ne this	day of	20		
Notary					
Commission Expires					

CITY OF SANFORD SANFORD POLICE DEPARTMENT RELEASE FORM

as the legal guardian and/or parent do hereby release an degree to hold harmless the City of Sanford, it's Officers, Employees, agents, etc. for any loss, cost, damage, or expense arising out of any accident or other occurrence causing injury to				
which may arise from such in	jury or occurrence	•		
(Date)		(Signature of App	 blicant)	
			,	
(Parent of Legal Guardian Sign	nature)			
Sworn to and subscribed befo	re me this	day of	20	
Notary				
Commission Expires				

Sanford Police Department 's Image and Technology Consent Form

t Name:	Last Name	First Name	MI	D.O.B.
release along your child to	with e-mail, electronic no participate in many of ou	etwork and Interned acces	s permission. T ent. Please feel	e, video and web posting consent, waiver and he agency must have written permission for free to contact the Police Explorer Program
	x "Yes" or "No" for each		nd sign at the e	end of the document. My child
1. Be 1	photographed or videotape	ed for Sanford Police Acti	vities.	
the : (We	images, or negatives, and e) consent to any non-com	waive any right to comper	nsation for the p graphs, motion p	Police Department, Sanford Florida, all rights publication or other use of these materials. I pictures or video tapes or any duplication er.
Yes	No			
2. Have	e work published on the I	nternet web site, identified	I by last name.	
Yes	No			
3. Hav	ve his/her photo/video ima	ge published to Sanford P	olice Departmen	nt's social media, identified by last name.
Yes	No			
I understand writing.	that this consent documen	nt remains in effect until so	uch time as the p	parent/guardian modifies the permissions in
Parent/Guard (please p	dian Name(s) print) Last Nam	ne First Name	e	M.I
Parent/Guard	lian Signature(s)			Date
Participant's	Cionatava			Date

SANFORD POLICE EXPLORERS AND SANFORD F.A.C.E.S. PROGRAM

Background Check Summary

Reference's Comments:		
1		
2		
CAFÉ:		
FCIC/NCIC Criminal History:		
Background conducted by:		-
Date:		
Approved for Participation:		
Program Manager or Senior Advisor:	(signature)	_
Link to complete CJIS Training sent:		_
CJIS Training completed:	(date)	-

THE FOLLOWING ARE PERMISSIONS AND AUTHORIZATIONS <u>ONLY</u> FOR PARTICIPATION IN THE SANFORD POLICE EXPLORER PROGRAM

TRAINING RELEASE

giv	he parent or legal guardian of Police Explorer e my consent for him/her to participate the below listed activities outlined in the Sanford Police plorer program.
1.	Firearms Training knowing that my son/daughter will be handling a weapon. This activity will be conducted by certified firearms instructors and all necessary safety precautions will be maintained.
	(initial)
2.	My son/daughter has my permission to rappel from a 40 to 75 foot tower to the ground with ropes. This activity will be conducted by trained instructors and all necessary safety precautions will be maintained. Rappel: To descend down to the ground from the sheer side of a building by means of a double rope belayed above and arranged around the body so that he or she can control the slide downward.
	(initial)
3	My son/daughter has my permission to view graphic media (which may include, but is not limited to videos, crime scene photographs, etc.) in conjunction with their training from the Sanford Police Department / Sanford Police Explorers.
	(initial)
Da	e Signature of Applicant
Wi	ness Parent or Legal Guardian Signature

CITY OF SANFORD SANFORD POLICE EXPLORERS ISSUED EQUIPMENT ACKNOWLEDGEMENT

I,, do hereby understand that all equipment issued to me by the Sanford Police Explorers is the property of the Sanford Police Department, and upon termination or suspension said equipment is to be turned in.
Failure to do so may result in legal actions being taken.
Signature of Applicant
Parent or Legal Guardian Signature

SANFORD POLICE EXPLORERS RIDE-ALONG WAIVER OF LIABILITY

STATE OF FLORIDA COUNTY OF SEMINOLE CITY OF SANFORD

KNOW ALL MEN BY THESE PRESENTS

That I, the undersigned consideration of the privilege of riding as a gu City of Sanford, Florida, and recognizing that hereby agree to assume the accidents on either City of Sanford, it's Police Department, Agen from any and all claims, liability, suits, deman voluntary observer on police patrol or particip attended by the explorers.	routine police a r public streets of its and Employee ads or causes of	ctivity involves certain inherent dangers, do r private property, and do hereby release the es, in both their public and private capacities, action which may arise from riding as a
Signed, this the day of	20	
Signature		
Address		
City		
Telephone Number		
Signature of parent or legal guardian if observ	er is under eight	geen (18) of age
Sworn to and subscribed before me this	day of	20
Notary		
Commission Expires		