



10. Are you employed? \_\_\_\_\_

11. If so, by whom? \_\_\_\_\_  
(Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone)

12. Have you ever been arrested? Yes  No

\_\_\_\_\_  
(Charge)

\_\_\_\_\_  
(Department)

13. List Three (3) references over the age of 18 and not relatives.

A. \_\_\_\_\_  
(Name) (Address) (Phone) (Relation)

B. \_\_\_\_\_  
(Name) (Address) (Phone) (Relation)

C. \_\_\_\_\_  
(Name) (Address) (Phone) (Relation)

14. Reason for joining this organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Special Interest and activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. List other organizations/clubs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ANY FALSE INFORMATION 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:

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I certify that all statements made by me are true to the best of my knowledge; I also understand that this form will remain confidential.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant Signature)

Approval of parent or guardian: \_\_\_\_\_  
(Parent or Legal 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 Department, its Officers, and the City of Sanford from any legal actions stemming from any accidental injury that might occur during the time that my son/daughter is a participant in the Sanford Police Department Explorers or Sanford F.A.C.E.S. program.

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

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Commission Expires

**CITY OF SANFORD  
SANFORD POLICE DEPARTMENT  
RELEASE FORM**

I, \_\_\_\_\_ 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 \_\_\_\_\_ participating in activities arising from the Sanford Police Explorer or Sanford F.A.C.E.S. program. and waive all claims against the City, it's Officers, Employees, Agents, etc., which may arise from such injury or occurrence.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Parent of Legal Guardian Signature)

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Commission Expires



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

**Background Check Summary**

Reference's Comments:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

CAFÉ:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FCIC/NCIC Criminal History:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Background conducted by: \_\_\_\_\_

Date: \_\_\_\_\_

Approved for Participation: \_\_\_\_\_

Program Manager or Senior Advisor: \_\_\_\_\_  
(signature)

Link to complete CJIS Training sent: \_\_\_\_\_  
(date)

CJIS Training completed: \_\_\_\_\_  
(date)

**THE FOLLOWING ARE PERMISSIONS AND AUTHORIZATIONS ONLY FOR  
PARTICIPATION IN THE SANFORD POLICE EXPLORER PROGRAM**

**TRAINING RELEASE**

I, the parent or legal guardian of Police Explorer \_\_\_\_\_  
give my consent for him/her to participate the below listed activities outlined in the Sanford Police  
Explorer 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)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
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 \_\_\_\_\_, a private person, for and in consideration of the privilege of riding as a guest and voluntary observer in a police patrol vehicle of the City of Sanford, Florida, and recognizing that routine police activity involves certain inherent dangers, do hereby agree to assume the accidents on either public streets or private property, and do hereby release the City of Sanford, it's Police Department, Agents and Employees, in both their public and private capacities, from any and all claims, liability, suits, demands or causes of action which may arise from riding as a voluntary observer on police patrol or participating in any training exercises, details and any event being attended by the explorers.

Signed, this the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Telephone Number \_\_\_\_\_

Signature of parent or legal guardian if observer is under eighteen (18) of age

\_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Commission Expires