



**Savannah Chatham Metropolitan Police Department
Explorer's Application**



201 Habersham St Savannah, GA 31401

(912)652-6500

Explorer Information

Full Name _____

Last

First

Middle

Address _____

Phone () _____ () _____ () _____

Home

Cell

Pager

Date of Birth ___/___/___ Age ___ Hgt ___ Wgt _____ Hair ___ Eyes _____

Social Security # ___ - ___ - _____

Driver's License # _____

Email Address _____ Prior Explorer Experience _____

School currently attending _____

School Phone () _____ Graduation Year _____ Current GPA _____

Are you currently involved in any extracurricular activities (sports, Church, employment)? _____

Will these activities interfere with your Explorer Duties (2 meetings, 2 hrs, monthly, and/or SCMPD functions)? _____

If yes, explain (date/ department) _____

Have you had any academic problems in school? _____ If yes, explain _____

Have you ever been arrested or detained by the police for any reason? _____

If yes, explain _____

Please list any medical problems or disabilities we should know about? _____

Parent/Guardian Information

Father's Full Name _____

Address _____

Street

City

State

Zip

Home Phone () _____ Cell Phone _____

*Business Phone () _____

*Employer _____ Occupation _____

Employer Address _____

Parent E-mail Address _____

Mother's Full Name _____

Address _____

Street

City

State

Zip

Home Phone () _____ Cell Phone () _____

*Business Phone () _____

*Employer _____ *Occupation _____

Employer Address _____

Parent E-mail Address _____

Emergency Contact Information

1) _____
Name Relationship Phone

2) _____
Name Relationship Phone

All information provided will be kept confidential.

*Provided for Emergency contact use **ONLY**.

References

List three references of people not related to you who know your character well.

_____	_____
Name	Phone
_____	_____
Name	Phone
_____	_____
Name	Phone

Membership

How did you hear about the Savannah Chatham Metropolitan Police Department's Explorer Program?

Briefly, explain why you want to become a SCMPD Explorer. _____

What would you like to do after completing the Explorer Program and finishing high school?

Are you willing to attend all scheduled meetings and events? _____

Are you willing to purchase all necessary equipment required of the Savannah Chatham Metropolitan Police Department's Explorer's? _____

Are you willing to abide and follow all rules and regulations established by the Savannah Chatham Metropolitan Police Department's Explorer's Post? _____

Membership Dues

There is a **non-refundable** membership due of **\$100.00**. This fee includes the BSA administrative fees and insurance. The first \$25.00 is due by the first meeting. The additional \$75.00 may be paid in installments during the first 6 months. Please note, uniforms will not be issued until full payment is received.

My signature affirms that all the previous information provided in this application is true and correct; and any attempt to give false information, written or oral, with the intent to mislead the representatives of the Savannah Chatham Metropolitan Police Department’s Explorer Program, will result in my membership application being immediately rejected. If I am accepted for membership, and it is later determined that false or misleading information was purposely provided in the application process, I acknowledge that I will be dismissed immediately from the Savannah Chatham Metropolitan Police Department’s Explorer’s Program.

Signature of Applicant

Date

Signature of Parent/ Guardian
(For applicants under the age of 18)
All information provided will be kept confidential.

Date

Parent Authorization

The health history is correct to the best of my knowledge. _____ (name of applicant) has permission to engage in all prescribed activities, unless noted otherwise by me. In the event of an emergency and I cannot be reached, I hereby give permission to the physician selected by the adult in charge to authorize all necessary medical attention needed (to included but not limited to: hospitalization, anesthesia, injections/medications, and/or surgery) for my son/daughter. I also understand it is my responsibility to update any medical or health information to the Post Advisors when necessary.

Signature

Date

Printed Name

Emergency Medical Release Form

The undersigned consents for _____ (name of applicant) to receive any necessary medical treatment that arises while participating in any activities with the Savannah Chatham Metropolitan Police Department's Explorer Program. I (we) do hereby separately, and severally, release and permanently discharge all employees, members, the Savannah Chatham Metropolitan Police Department, and the Savannah Chatham Metropolitan Police Department's Explorer Program, or any other authorized participating person, firms, or organizations from any and all present and future liabilities as a result of authorized emergency medical treatment on my child's behalf. This consent includes treatment by authorized medical personnel, including but not limited to EMTs, Paramedics, and physicians.

Applicant's Signature

Date

Printed Name

Parent/ Guardian Signature
(For applicants under the age of 18)

Date

Printed Name

**Savannah Chatham Metropolitan Police Department's Explorers
Consent for Release of Information/Records and
Agreement to Return or Replace Equipment**
(To be signed by parent/Guardian if applicant is under the age of 18)

Known by all those present that I, the undersigned applicant, being over the age of eighteen(18), or the parent/ legal guardian of _____ (applicant), do hereby consent to the participation of my child in the Savannah Chatham Metropolitan Police Department's Explorer Program and all related activities, and I do hereby, separately and severally, release and permanently discharge Chatham County, City of Savannah, all employees, members, the Savannah Chatham Metropolitan Police Department, and the Savannah Chatham Metropolitan Police Department's Explorer Program, or any other authorized participating person, firms, or organizations participating in the above program from any and all liability for ever kind and character, including injury to the person or property of myself in connection therewith or in any way related thereto. I do further hereby agree to indemnify and hold Chatham County, City of Savannah, the Savannah Chatham Metropolitan Police Department, the Savannah Chatham Metropolitan Police Department's Explorer Program, and its employee's and member's from any and all liability, lawsuit, claim, or damages occasioned by or resulting from any suit or claim arising from my direct or indirect participation in the Explorer's Program.

I do further grant unto the Savannah Chatham Metropolitan Police Department, City of Savannah and Chatham County, the risk to check my/ my child's school records and receive a copy of my/their transcript of grades at any time during my/their participation in the Savannah Chatham Metropolitan Police Department's Explorer Program. I authorize and direct the release of such school records, grades, and transcripts to the Savannah Chatham Metropolitan Police Department, and its employees and members participating in the Savannah Chatham Metropolitan Police Department's Explorer Program, or any educational institution possessing the same.

I do hereby agree that should I resign or be terminated from the Savannah Chatham Metropolitan Police Department's Explorer Program, that I will promptly return all equipment assigned to me in good, clean, working condition. I also understand that my failure to return equipment will result in myself or my parent/guardian being held responsible for reimbursing Chatham County and/ or the Savannah Chatham Metropolitan Police Department for the replacement cost of any damaged or unreturned equipment.

Signed _____ day of _____, 20 ____ .

Applicant Signature

Witness

Parent/ Guardian

Witness

Savannah Chatham Metropolitan Police Department Explorer Program

Consent and Wavier by Applicant or Consenting Adult

(To be completed by Parent/Guardian if Applicant is under the age of 18)

I, _____ (Parent/Guardian/Applicant) do hereby give
permision to the Savannah Chatham Metropolitan Police Department's Explorer's Post to use any
photography, videography, or audio transmission of my child/myself _____
for promotional or advertisement purposes related to Post activities.

Applicant Signature

Date

Parent/ Guardian Signature

Date

Program Coordinator

Date Received