



Hickory Police Department Explorer Program

APPLICATION FORM

NAME: _____ DATE OF BIRTH _____

AGE: _____ SEX: _____ CITIZENSHIP: _____

DRIVERS LICENSE NUMBER: _____

ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

NAME OF SCHOOL: _____

GRADE: _____ CURRENT G.P.A. _____ SCHOOL COUNSELOR: _____

MOTHER/GUARDIAN NAME: _____

ADDRESS: _____

HOME PHONE NUMBER: _____ CELLPHONE NUMBER: _____

PLACE OF EMPLOYMENT: _____ WORK NUMBER: _____

FATHER/GUARDIAN NAME: _____

ADDRESS: _____

HOME PHONE NUMBER: _____ CELLPHONE NUMBER: _____

PLACE OF EMPLOYMENT: _____ WORK NUMBER: _____

HAVE YOU EVER BEEN DETAINED OR ARRESTED BY LAW ENFORCEMENT? IF YES,WHAT AGENCY, DATE, AND EXPLAIN WHY:

HAVE YOU EVER RECEIVED A TRAFFIC CITATION? IF YES, WHAT AGENCY, DATE, AND EXPLAIN WHY:

LIST ANY ORGANIZATION OR CLUB YOU ARE CURRENTLY A MEMBER OF:

WHAT IS YOUR CAREER GOAL?

CERTIFICATION:

I understand that the portion of this form is subject to examination by the HICKORY POLICE DEPARTMENT. I acknowledge that all of the information contained will be used solely for law enforcement purposes to determine my suitability as an HPD Explorer. All the information herein is accurate and true to the best of my knowledge. I understand that this application form will become property of the HICKORY POLICE DEPARTMENT.

APPLICANT SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____



Hickory Police Department Explorer Program

PARTICIPANT WAIVER

NAME: _____

Last

First

Middle

ADDRESS: _____

Number

Street

City

Zip

PHONE: _____ AGE: _____ DOB: _____

RACE: _____ SEX: _____ SCHOOL: _____ GRADE _____

Allergies to drugs or foods: _____

Any special medications, important medical information or special instructions:

List of any restrictions to medical treatment:

Physician Name: _____

Phone: _____

Father/Guardian Name: _____

Phone: _____

Mother/Guardian Name: _____

Phone: _____

EMERGENCY CONTACT: _____

PHONE: _____

EMERGENCY CONTACT: _____

PHONE: _____

VIDEO PHOTO RELEASE

I understand that during the Hickory Police Department Explorer Program and/or activity, my photograph may be taken by the Hickory Police Department Explorer Program, producers, sponsors, organizer, and/or assigns. I agree that my photograph and/or the photograph of my child, including video photography, film photograpgy, or other reproduction of my likeness or the likeness of my child, may be used without charge by the Hickory Police Department Explorer Program, producers, sponsors, organizers and/or it's assigns for such purposes as they deem appropriate.

HOLD HARMLESS AGREEMENT

The undersigned, parents, or guardians of _____ a member of the Hickory Police Department Explorer Post #392, hereby indemnifies and holds harmless the City of Hickory, it's agencies and employees, specifically including any and all Hickory Police Officers or personnel involved with the supervisions and control of the City of Hickory Police Departments Explorer Post #392, from any claims of any kind whatsoever or of any nature for injury to person or damage to the property of the Explorer member, his/her parents, siblings or heirs. This indemnity and hold harmless agreement shall be considered a complete and total waiver of any and all liability on the part of the City of Hickory, its servants, agents or employees, and particularly the Hickory Police Officer engaged in the supervision and control as set forth hereinabove.

X: _____

PRINT NAME OF PARTICIPATING CHILD

DATE

X: _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE: