



Edwardsville Police Explorer Post 9999
 333 S. Main Street
 Edwardsville IL 62025
 (618)656-2131



Authorization To Release Information

I, _____, respectfully request that you provide the Edwardsville Police Department any and all information that you may have concerning me, my school record, criminal convictions or reputation. The information request is to be used to determine my qualifications and suitability for entrance into the Law Enforcement Explorer Program sponsored by the Edwardsville Police Department. It is my understanding that the information provided will be regarded as confidential.

I hereby release you and/or your employer from any liability or damage whatsoever as a result of furnishing the information requested above.

 Signature

 Date

 Parent Signature *(If applicant under 17)*

 Date

Directions: Fill out this application completely and accurately. All statements in your application are subject to verification. If the writing space provided is inadequate, use the continuation sheet at the end of this application and identify additional information with the corresponding subject heading. Use the term “DNA” (*Does Not Apply*) if the question does not apply.



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Name: _____, _____
Last First MI

Phone : (____) _____ E-Mail: _____

Home Address: _____

City: _____ State: _____ County: _____

Zip Code: _____

Date of Birth: _____ Place of Birth: _____

Sex: _____ Height: _____ Weight: _____ Age: _____

Eye Color: _____ Hair Color: _____

List any scars, birthmarks, blemishes, tattoos, etc. that you have:

Are you a U.S. citizen? Yes No If yes: Native Born
 Naturalized

If *naturalized*, give details: _____



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Do you use *or* have you used narcotics? Yes No

Do you use *or* have you used tobacco products? Yes No

Do you wear eyeglasses? Yes No Contacts? Yes No

Do you have any medical conditions of physical ailments? Yes No

If yes provide details:

List the various schools you have attended. Provide name, city, and state:

_____ Graduated? Yes No

_____ Graduated? Yes No

_____ Graduated? Yes No

Were you ever expelled or suspended from school? Yes No

Do you possess a valid driver's license? Yes No

Has your license ever been suspended or revoked? Yes No

Have you ever been convicted of a crime? Yes No

Have you ever been placed on probation? Yes No

Have you ever had to pay a fine in excess of \$25? Yes No

Have you ever been reported missing *or* runaway? Yes No

Have you ever been a victim of a crime? Yes No

Have you even received a traffic citation? Yes No



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List all jobs that you have held for the past 3 years with the most present first. Include company name, state, how long you were employed and reason for departure:



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Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

I authorize the investigation of all statements contained in this application and understand that the omission or falsification of any may result in the dismissal of my application. If I am admitted as Police Explorer, I agree to abide by all post rules and regulations.

 Signature

 Date

This portion of the application must be read and signed by parent or guardian of applicant **17 years of age or younger**.

I, _____, give my child, _____, permission to participate in the Edwardsville Police Explorer Post.

 Parent/Guardian Signature

 Date



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Hold Harmless and Release

Complete if Explorer is under 18 years of age:

I/We, the undersigned, parent(s)/guardian(s) of

_____, a participant in Explorer Post 9999, sponsored by the Edwardsville Police Department, hereby indemnify and hold harmless the City of Edwardsville, its agents and employees including, but not limited to, any and all police officers and other personnel involved with the supervision and control of Explorer Post 9999, from any liability or claim which may arise because of personal injury or property damage which may suffer as a result of his/her participation in the activities of Explorer Post 9999. 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 Edwardsville, its agents or employees including, but not limited to, any and all police officers and other personnel involved in the supervision and control of Explorer Post 9999.

Date: _____

Parent(s)/Guardian(s) Name: _____

Parent(s)/Guardian(s) Signature: _____

Complete if Explorer is over 18 years of age:

I _____, a participant in Explorer Post 9999, sponsored by the Edwardsville Police Department, hereby indemnify and hold harmless the City of Edwardsville, its agents and employees including, but not limited to, any and all police officers and other personnel involved with the supervision and control of Explorer Post 9999, from any liability or claim which may arise because of personal injury or property damage which may suffer as a result of my participation in the activities of Explorer Post 9999. 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 Edwardsville, its agents or employees including, but not limited to, any and all police officers and other personnel involved in the supervision and control of Explorer Post 9999.

Date: _____

Participant's Name: _____

Participant's Signature: _____

