Explorers today, leaders Tomorrow!

Nature of Work

The Explorer Program provides training and experience in law enforcement. Explorers will learn about law, court procedures, police patrol techniques, and organizational skills. Included in their training, Explorers will get a chance to observe our Public Safety Communications Center, and eligible Explorers (18 years of age or older) can participate in our ride-along program. The Explorer's most important job will be to use their learned skills to serve their community in a positive manner. Explorers must uphold high standards of discipline, respect, honor, and dedication to excellence in all areas of their lives.

Requirements and Necessary Documents

To participate in the Prince William County Police Department’s Explorer Program, *all candidates must:*

1. Be at least 14 years of age, entering ninth grade up to 19 years of age, in the twelfth grade.
2. Be a United States Citizen or lawful resident alien.
3. Provide an unofficial school transcript and maintain a 2.0 or higher GPA while in the program.
4. Be drug-free, including tobacco and alcohol.
5. Have good moral character as determined by a background check and must not have a criminal or gang background or involvement.
6. Provide a copy of their birth certificate, photo ID (*driver’s license if applicable*), and a copy of their parents/guardian’s driver’s license.
7. Commit to attend meetings and participate in additional assigned activities.
8. Have the full support of their parents/guardians.

In addition, all candidates should provide a copy of their health insurance card/information for emergency situations, and should have a career interest in law enforcement, the criminal justice system and/or a community service-related field.

How to Apply

Applications may be obtained at the three police district stations, or by visiting our website at [pwcva.gov/police](http://www.pwcva.gov/police). Please forward your completed application to Emily Baker in the Youth Services Bureau or drop the application off at one of our [police district stations](https://www.pwcva.gov/department/police/patrol-service-districts).

Applications are accepted on a first-come, first-served basis until the program has reached a capacity of 40 Explorers or the December 1 cut-off, whichever comes first. Once capacity has been reached, applications will be processed as openings become available. All applications submitted after December 1 will be held until the following school year.

APPLICATION

*Please type or print clearly. Do not leave any field blank. Enter “n/a” if not applicable.*

|  |
| --- |
| Position Applying For: Explorer |
| Last name      | First name      | Middle name      |
| Date of birth      | Social Security Number      | Date of application      |
| Home address      | City and State      | Zip Code      |
| Home phone      | Work phone       | Cell phone      |
| Email address       |
| Place of birth (county, state, and country)      | Race      | Sex      | Height (feet’, inches”)      |
| Weight      | Eye color      | Hair color      |
| List any scars, marks, or tattoos.      |
| Are you related to anyone currently or formerly employed by the Prince William County Police Dept.?[ ] Yes [ ] NoIf yes, who?      |

By signing this document, I certify that all the information in this entire application is true and complete to the best of my knowledge. I understand that all information is subject to investigation, and that omission, falsification, or misrepresentation is sufficient cause for rejection of this application, removal of my name from consideration or dismissal from service. I understand that the Prince William County Police Department is a drug-free workplace and that all Explorers must be drug-free.

I understand that this application is the property of the Prince William County Police Department and information contained herein is public record. I am also attesting that I understand and meet all the minimum requirements of the position I am applying for as stated in this announcement.

Print applicant’s full name Signature Date

Print parent/guardian’s full name Signature Date

*If applicant is under the age of 18* – Not applicable, applicant is an adult. [ ]

EDUCATION HISTORY

Middle/High School Information:

|  |  |
| --- | --- |
| Are you currently enrolled in high school?[ ] Yes [ ] No | If you have graduated, provide the year.      |
| Name of Middle/High school      | Middle/High school phone      |
| Current grade level in school      | What is your cumulative GPA?      |
| What school will you attend next school year?      | Have you attended the Prince William Teen Academy? [ ] Yes [ ] No |
| List any clubs or organizations of which you are a member or activities in which you participate.      |

College/University/Trade School Information:

|  |  |
| --- | --- |
| Are you currently enrolled?      | Full-time [ ]  Part-time [ ]  |
| Name of college or university       | School phone      |
| Current level       | What is your GPA?      |
| Major course of study       |
| List any clubs or organizations of which you are a member or activities in which you participate.      |
| If not in school, have you graduated high school… …or do you have a GED?[ ] Yes [ ] No [ ] Yes [ ] No |
| Describe your future educational plans.      |
| List all certifications, qualifications, or licenses in any area.      |

Driver’s License Information:

|  |  |
| --- | --- |
| Do you have a valid driver’s license?[ ] Yes [ ] No | If yes, in which state was it issued?      |
| Driver’s license #      | Date of expiration      |

Employment History

Please list all full-time and part-time work experience. Start with the most recent related position and subsequent experience in order. Major changes in duties or job titles with the same employer should be listed as separate positions. Describe job duties in detail. Use additional sheets if necessary.

Most recent position:

|  |
| --- |
| Title of position      |
| Employer      | Complete employer address       |
| Start date (MM/DD/YY)      | End date (MM/DD/YY)      | Total time with employer (years, months)      | Hours per week      |
| Reason for leaving.      |
| Name/title of supervisor      | Supervisor’s phone      |
| Description of job duties:      |

Next most recent position:

|  |
| --- |
| Title of position      |
| Employer      | Complete employer address       |
| Start date (MM/DD/YY)      | End date (MM/DD/YY)      | Total time with employer (years, months)      | Hours per week      |
| Reason for leaving.      |
| Name/title of supervisor      | Supervisor’s phone      |
| Description of job duties:      |

Employment History, *continued*

Next most recent position:

|  |
| --- |
| Title of position      |
| Employer      | Complete employer address       |
| Start date (MM/DD/YY)      | End date (MM/DD/YY)      | Total time with employer (years, months)      | Hours per week      |
| Reason for leaving.      |
| Name/title of supervisor      | Supervisor’s phone      |
| Description of job duties:      |

Next most recent position:

|  |
| --- |
| Title of position      |
| Employer      | Complete employer address       |
| Start date (MM/DD/YY)      | End date (MM/DD/YY)      | Total time with employer (years, months)      | Hours per week      |
| Reason for leaving.      |
| Name/title of supervisor      | Supervisor’s phone      |
| Description of job duties:      |

Please answer the following questions by checking the appropriate response.

If you answer yes to any of the questions, provide detailed information in the corresponding box.

Controlled Substance/Drug Use

1. Have you ever illegally used drugs or controlled substances? [ ] Yes [ ] No
2. Do you now, or have you ever illegally possessed, supplied, or sold any drugs or controlled substances? [ ] Yes [ ] No

*If you answered yes to one or both questions above, provide details below:*

|  |  |  |  |
| --- | --- | --- | --- |
| Name of drug/controlled substance | First used (Month/Year) | Last used (Month/Year) | Total time |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

Criminal History

1. Have you ever been arrested or detained by any law enforcement agency? [ ] Yes [ ] No
2. Have you ever been convicted of, or have you ever been found to have committed, any civil or criminal law violations? [ ] Yes [ ] No

*If you answered yes to one or both questions above, provide details below:*

|  |  |  |  |
| --- | --- | --- | --- |
| Charge, law violation, or circumstances | Location (City/State) | Detention, disposition, or penalty | Date of offense |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

By signing this document, I certify that all the information provided is true and complete to the best of my knowledge. I understand that all information is subject to investigation, and that omission, falsification, or misrepresentation is sufficient cause for rejection of my application, removal of my name from consideration, or dismissal from service.

Print applicant’s full name Signature Date

Print parent/guardian’s full name Signature Date

*If applicant is under the age of 18* – Not applicable, applicant is an adult. [ ]

Parental & Emergency Information

Parent / Guardian

|  |
| --- |
| Father’s/guardian’s name:      |
| Home address      | City, State, Zip Code      |
| Home phone      | Work phone      |
| Cell phone      | Email address      |

|  |
| --- |
| Mother’s/guardian’s name:      |
| Home address      | City, State, Zip Code      |
| Home phone      | Work phone      |
| Cell phone      | Email address      |

Emergency Contact Information

In the event of an emergency, and the parent/guardian is unavailable, please list two individuals to be contacted:

|  |
| --- |
| Contact #1 and relationship:      |
| Home address      | City, State, Zip Code      |
| Home phone      | Work phone      |
| Cell phone      |

|  |
| --- |
| Contact #2 and relationship:      |
| Home address      | City, State, Zip Code      |
| Home phone      | Work phone      |
| Cell phone      |

Medical History

|  |  |  |
| --- | --- | --- |
| Last name      | First name      | Middle name      |
| Date of birth      | Social Security Number      | Race      | Sex      |

Medical Information

|  |  |  |
| --- | --- | --- |
| Health/accident insurance company      | Phone number      | Policy number      |

Are you now, or have you ever been, subject to… (check yes or no)

Asthma [ ] Yes [ ] No Fainting spells [ ] Yes [ ] No Convulsions [ ] Yes [ ] No

Diabetes [ ] Yes [ ] No Heart trouble [ ] Yes [ ] No Bleeding disorders [ ] Yes [ ] No

Are you now, do you have allergies to any medication, food, plant, insect bite or other material or substance?

[ ] Yes [ ] No

|  |
| --- |
| If you answered yes to any of the above, please list the allergies:      |

Do you have any condition that may require special care, medication, or diet? [ ] Yes [ ] No

|  |
| --- |
| If you answered yes to the above, please explain:      |

Are you taking any medication? [ ] Yes [ ] No

|  |
| --- |
| If you answered yes to the above, please explain:      |

Are there any restrictions placed on you for any reason, including medical? [ ] Yes [ ] No

|  |
| --- |
| If you answered yes to the above, please explain:      |

Medical History, *continued*

Applicant/Parental Authorization for Medical Treatment

This medical history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed activities, except as noted. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted. In the event I cannot be reached in an emergency, I hereby give permission to medical personnel and/or physician, selected by the adult leader in charge, to provide treatment to the listed applicant for any medical or surgical emergency as deemed necessary by medical personnel and/or physician.

Print applicant’s full name Signature Date

Print parent/guardian’s full name Signature Date

*If applicant is under the age of 18* – Not applicable, applicant is an adult. [ ]

|  |  |  |
| --- | --- | --- |
| Home phone      | Work phone      | Cell phone      |

Medical History, *continued*

HEPATITIS B VACCINATION NOTICE

As a precaution, adult volunteers and youth participants should consider getting a Hepatitis B Vaccination. The cost of the shots will not be covered by Prince William County Police Department. The vaccination is recommended; however, if any adult volunteer or youth participant declines vaccination, a HEPATITIS B DECLINATION FORM (below) shall be on file with the Prince William County Police Department.

I have been vaccinated for the Hepatitis B Virus (HBV).

Print applicant’s full name Signature Date

*If applicant is over the age of 18* – Not applicable, applicant is a juvenile. [ ]

Print parent/guardian’s full name Signature Date

*If applicant is under the age of 18* – Not applicable, applicant is an adult. [ ]

-or-

HEPATITIS B VACCINATION DECLINATION

I understand that due to my voluntary participation in Exploring activities, I may be exposed to blood and other potentially infectious materials and may therefore be at risk of acquiring Hepatitis B Virus (HBV). However, currently, I decline the Hepatitis B Vaccination. I understand that by declining this vaccination, I continue the risk of acquiring HBV, a serious disease.

I decline Hepatitis B Vaccination currently.

Print applicant’s full name Signature Date

*If applicant is over the age of 18* – Not applicable, applicant is a juvenile. [ ]

Print parent/guardian’s full name Signature Date

*If applicant is under the age of 18* – Not applicable, applicant is an adult. [ ]

References

To be considered for participation in the Prince William County Police Department’s Explorer Program, applicants must submit names of two references. References must provide written recommendations as to the applicant’s character, community involvement, and any sports or club affiliations. Examples for references include, but are not limited to: schoolteachers, administrators, guidance counselors, community leaders, police officers, and clergy. Family members should not be used as references.

|  |
| --- |
| Reference #1 name:       |
| Phone:       | Email address:       |
| Position/title:       |
| Comments:       |

Print reference full name Signature Date

|  |
| --- |
|  |

|  |
| --- |
| Reference #2 name:       |
| Phone:       | Email address:       |
| Position/title:       |
| Comments:       |

Print reference full name Signature Date

Personal Statement

Please write a short summary of why you wish to be considered for membership in Explorer Post #1268. Continue to the next page if necessary.

|  |
| --- |
|       |

APPLICATION AFFIRMATION

I certify that the answers that I have given to all questions are true and complete to the best of my knowledge and belief. I agree and understand that any misstatements of material facts contained herein will be cause for forfeiture on my part to all rights to membership in the Prince William County Police Department Explorer Program. As part of the applicant review process, I authorize Prince William County Police Department Explorer Post personnel to verify all facts and statements listed on this application, and to contact any references I have listed. I understand that Prince William County Police Department Explorer Post personnel may review my school file as relevant and necessary while I am a participant in the Explorer Post.

Print applicant’s full name Signature Date

As the parent/guardian of the applicant applying for membership to the Prince William County Police Department’s Explorer Program, I hereby give my permission for my child to become a member of the program and agree to all terms listed above.

Print parent/guardian’s full name Signature Date

*If applicant is under the age of 18* – Not applicable, applicant is an adult. [ ]

HOLD-HARMLESS AND RELEASE FORM

The undersigned, and the parents or guardians of      , a participant of Prince William County Law Enforcement Explorer Post #1268, hereby indemnifies and holds harmless Prince William County, the Prince William County Police Department, its agencies and members, specifically including any and all police officers or personnel, including volunteers, involved with the supervision and control of Prince William County Law Enforcement Explorer Post 1268 from any claims of any kind whatsoever or of any nature for injury to the person or damage to the property of      , his or her parents, siblings or heirs. This indemnity and hold-harmless agreement shall be considered a complete and total waiver of all liability on the part of Prince William County, its servants, agents, employees, or volunteers and particularly the police officers engaged in the supervision and control as set forth herein above.

Print applicant’s full name Signature Date

Print parent/guardian’s full name Signature Date

*If applicant is under the age of 18* – Not applicable, applicant is an adult. [ ]

*\*This form must be notarized below by an active Notary Public.*

Commonwealth of Virginia

County of Prince William

The foregoing instrument was acknowledged before me this       day of       20     , by       who is personally known to me or who has produced       as identification.

Print Notary Public’s full name Signature Date

Photography Consent/Release FORM

I,      , applicant/parent or legal guardian of       (applicant’s name), hereby grant permission to representatives of the Prince William County Law Enforcement Explorer Post #1268 and/or the Prince William County Police Department, to take and use: photographs and/or digital images of my child/self for use in news releases and/or promotional materials. These materials may include printed or electronic publications, web sites, or other electronic communications. I further agree that my child’s name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be the property of the Prince William County Law Enforcement Explorer Post #1268.

Print applicant’s full name Signature Date

*If applicant is over the age of 18* – Not applicable, applicant is a juvenile. [ ]

Print parent/guardian’s full name Signature Date

*If applicant is under the age of 18* – Not applicable, applicant is an adult. [ ]

AUTHORIZATION FOR RELEASE OF EDUCATION RECORD FORM

To: Prince William County Public Schools

 ATTN: Records Center

 P.O. Box 389

 Manassas, VA 20108

I hereby give permission for the release of records contained in the educational record of:

Name of student Date of birth Social Security Number

Name of school

Did the student graduate or withdraw from Prince William County Public Schools?

If so, the date the student graduated or withdrew.

The student records to be disclosed may include the categories of information marked with a “X”:

      Scholastic records       Health records       Vital statistics (age, DOB, parents, etc.)

      Test scores       Other (specify)

The above identified records may be released to those below marked with a “X”:

      Prospective employers       Other schools/universities

      Other (specify)

Information on the following may not be released:

Print student’s full name Signature Date

*If applicant is over the age of 18* – Not applicable, student is a juvenile. [ ]

Student’s full home address

Print parent/guardian’s full name Signature Date

*If applicant is under the age of 18* – Not applicable, student is an adult. [ ]