



WHITTIER POLICE DEPARTMENT

PROUDLY SERVING WHITTIER AND SANTA FE SPRINGS

13200 Penn Street, Whittier, CA 90602 – 562 567-9200 – www.cityofwhittier.org

Explorer Program Overview

INTRODUCTION:

The Explorer Program is a volunteer service that provides young men and women the opportunity to experience various aspects of law enforcement and to learn valuable life lessons, skills, and positive values while serving the community in different capacities. The program is supervised by police department personnel who are dedicated to providing a meaningful environment for our youth.

QUALIFICATIONS:

Youth between the ages of 12-21 years may apply. School aged students must maintain a 2.5 GPA to be considered and remain in the program. Applicants cannot have a felony conviction and must be in good standing with school and the community.

PROCESS:

Complete the Explorer application paperwork and submit it to the police department. An oral interview will be scheduled if minimum requirements are met. Please be patient as interviews are generally scheduled once a quarter. The interview will be conducted by police personnel and existing Explorers to determine qualifications and readiness. You will need to bring the following original items to your interview: Driver License or School ID, Social Security Card, birth certificate, latest report card, and high school diploma as applicable. Upon completion of the oral interview, a thorough background examination will take place. You will be required to sign a release and waiver prior to the background. If you are successful in all aspects of the process, you will be offered a position as an Explorer.

TRAINING:

All Explorers will receive various forms of challenging academic and physical training. The physical training can be strenuous and will consist of running, push up, sit ups, and other physical activity. Explorers will also receive training specific to the field of law enforcement conducted in a paramilitary setting. This training instills discipline, self-control, and team work through military style formations, inspections, drills and marching. All Explorers ages 14-21 will be required to attend an Explorer Academy.

DUTIES:

Explorers are required to volunteer a minimum number of twelve hours monthly during the school year and sixteen hours during the summer months to remain in good standing. These hours are obtained by attending Explorer meetings and providing service to the police department and community.

CONCLUSION:

The Whittier Police Department would like to thank you for your interest in our program. If you have any further questions, please contact Corporal Ryan Todd via email at: rtodd@cityofwhittier.org



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POST 1976 - Explorer Application

SECTION 1-Personal Information

Name (Last, First, Middle): _____

Date of Birth: _____ Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Driver License: _____

Age: _____ Sex: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Current School: _____ Phone: _____

Grade: _____ Counselor or Teacher: _____

Employer: _____ Phone: _____

SECTION 2-Parental Information

Father's Information

Name (Last, First, Middle): _____

Date of Birth: _____ Social Security Number: _____

Father's Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work: _____

Cell: _____ Email Address: _____

Mother's Information

Name (Last, First, Middle): _____

Date of Birth: _____ Social Security Number: _____

Mother's Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work: _____

Cell: _____ Email Address: _____

Legal Guardian's Information

Name (Last, First, Middle): _____

Date of Birth: _____ Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work: _____

Cell: _____ Email Address: _____

SECTION 3-Emergency Contact Information

Emergency Contact Number 1 (Relative or close friend/neighbor not listed above)

Name: _____

Relationship: _____

Home Phone: _____ Work: _____

Cell: _____ Email Address: _____

Emergency Contact Number 2 (Relative or close friend/neighbor not listed above)

Name: _____

Relationship: _____

Home Phone: _____ Work: _____

Cell: _____ Email Address: _____

SECTION 4-Medical Information

Physician's name: _____ Office phone number: _____

Health insurance carrier: _____

Health insurance policy/group number: _____

List any physical limitations:

List any medications you currently take, also reason, and frequency for using them:

List any allergies: (Food, Medications, Insects, Plants)

List any other information or concerns the Explorer staff needs to know:

SECTION 5-Personal Information (Circle yes or no)

Have you ever been arrested? YES or NO

Have you ever received a citation? YES or NO

Have you ever used or experimented with alcohol or any drugs including marijuana? YES or NO

If you answered yes to any of the above, explain in detail: _____

SECTION 6-Personal References (Must be completed- Include names of teachers, coaches, neighbors and friends)

Name (Last, First, Middle): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work: _____

Cell: _____ Email Address: _____

Name (Last, First, Middle): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work: _____

Cell: _____ Email Address: _____

Name (Last, First, Middle): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work: _____

Cell: _____ Email Address: _____

Name (Last, First, Middle): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work: _____

Cell: _____ Email Address: _____

Authorization to Treat Minor

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

a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment rendered under the general or special supervision of any licensed member of a medical staff and/or emergency room staff of any acute general hospital holding a current state license to operate a hospital. It is understood this authority is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable or necessary. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but any of the above treatment shall not be withheld if the undersigned cannot be reached.

Mother or Legal Guardian Signature: _____ Date: _____

Father or Legal Guardian Signature: _____ Date: _____

Parent/Guardian Waiver

I/We, the undersigned, do hereby certify that I/we have read and fully understand the attached information and instructions. I/We are the parent(s) or legal guardian(s) of the Explorer signing it. I/We fully consent to and agree to the terms and conditions set forth in this application. I/We expressly give this minor permission to participate in the Explorer program. I/We have read and understand the above information. I hereby give permission for my minor to participate in the Explorer program and release the City of Whittier, the Whittier Police Department, and the Explorer staff and advisors from any and all liability.

Mother or Legal Guardian Signature: _____ Date: _____

Father or Legal Guardian Signature: _____ Date: _____

Adult Explorer Waiver

I hereby certify that I am eighteen (18) years of age or older. I agree to the above terms as outlined in the parent/guardian waiver.

Adult Explorer Signature: _____ Date: _____

Explorer Certification

I hereby certify that all statements in this application are true and complete. I acknowledge that a background check will be completed prior to appointment. I understand any misstatements of facts will subject me to denial of appointment, discipline or dismissal from the program. I have read and understand the above information.

Explorer Applicant Signature: _____ Date: _____

WHITTIER POLICE DEPARTMENT
Quality People, Quality Service
13200 E. Penn St. • Whittier, CA. 90602 • 562-567-9200
RELEASE AND WAIVER

TO WHOM IT MAY CONCERN:

Having made application for employment (**volunteer police explorer**) with the City of Whittier, and desiring to inform the City of Whittier as to my previous record and character, I hereby authorize any representative of the City of Whittier bearing this release, or a copy of it, within two (2) years of the below date, to obtain any information pertaining to my employment, attendance, athletic, personal history, job performance evaluation, background investigation, polygraph examination results, psychological examination results, criminal record, any and all internal affairs investigations and disciplinary records, including any materials which have been sealed and understood to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters, credit records and wage garnishments. This inquiry is required pursuant to California Government Code Section 1030 (d) and 1029.1, and authorized pursuant to California Labor Code Section 432.7 (d).

I also hereby authorize any representative of the City of Whittier, bearing this release or a copy of it, within two (2) years of the below date, to obtain any medical records or medical information in the files of my current or former employer(s) or former physicians(s), or both, which pertain to my employment.

Additionally, I authorize any representative of the City of Whittier, bearing this release or a copy of it, within (2) years of the below date, to obtain any financial or credit records, criminal history records and records of arrest or law enforcement contact.

I hereby direct you to release this information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the City of Whittier.

Consent is granted for the City of Whittier to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any background investigation report prepared by the City.

I hereby release you as the custodian of such records, and any school, college, or other educational institution, hospital or other repository of medical records, credit bureau, financial institution, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Name printed: _____ Date: _____

Signature: _____ Date: _____

Parent or guardian name printed: _____ Date: _____

Signature: _____ Date: _____