



Wise County Law Enforcement **Explorers Post 500**

1007 13th Street Suite 101

Bridgeport, Texas 76426

MEMBERSHIP APPLICATION

Failure to properly and thoroughly complete this document may result in the rejection of your application. Deliberate omissions of required information are also grounds for rejection. All waivers must be signed to participate in the Explorer Program. Return this completed packet to the Post Advisor as soon as possible.

EMPLOYMENT

Are you currently employed? Yes No. If YES, List your employment information below.

Employer Name

Address

Employer Phone

Your Supervisor's Name

Your Position/Job Description

Your Work Schedule

PERSONAL DECLARATIONS

Have you ever been suspended, expelled, placed on academic probation, or received any other major forms of discipline not listed from any school that you have attended? Yes No
If YES, Explain; List School, dates, and reason:

Have you ever used any illegal drug, including prescription drugs that were not prescribed to you by a physician? Yes No If YES, explain:

Have you ever consumed any alcoholic beverages? Yes No If YES, explain:

If you are under 18 YEARS OF AGE, Have you ever used any tobacco product?

Yes No If YES, explain:

How many traffic citations have you received since you began driving? _____

Have you ever been arrested or detained by the police? (Other than for a traffic stop)

Yes No If YES, explain:

Have you ever been placed on criminal or juvenile probation? Yes No If YES, explain: (Include the Court of Jurisdiction & Probation Officer's name)

Why do you want to become a Law Enforcement Explorer? _____

What fields of work are you interested in? _____

What qualities do you possess that will make you a good Explorer? _____

How did you find out about the Explorer Program? _____

PERSONAL REFERENCES

List five (3) persons who know you well enough to provide current information about you. Do not list relatives.

Name	Home Phone	Other Phone	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEDICAL INFORMATION

List any allergies known:

List any known medical or physical problems that may hinder the applicant’s performance or become aggravated during activities in the Explorer program:

List any regular prescribed medications being taken by the applicant:

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To the best of our knowledge, the information entered into this packet is accurate and complete. We give our permission to contact any agencies necessary to confirm or refute any information placed on this application or that is learned about through the background investigation. We give our permission for full participation in any and all approved Explorer functions.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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Wise County Law Enforcement Explorer Post 500
Wise County Constable Pct. 4 - Wise County Sheriff - Runaway Bay DPS

WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Know all men by these presents that I, (*print Full name*) _____ in consideration of being allowed to accompany participating law enforcement or public safety agencies and their employees on official patrols and/or other law enforcement or public safety related duties and activities do by these presents for myself, my heirs, executors, administrators and assigns, hereby release and agree to indemnify and hold and save harmless the participating organizations as outlined in Appendix A of this document from any current and all future liability and from any and all action, causes of action, claims, demands, costs or damages that may or might arise from or be occasioned by my accompanying officers and/or employees of the participating organizations, including but not limited to damage to my property, personal injuries, death, and monetary loss of any nature. It is my intent to release such parties from all such liability even through damages to my person or property may be as a result, in whole or in part, of a negligent act or omission on the part of officers and/or employees of the participating organizations.

I further agree by these presents for myself, my heirs, executors, administrators and assigns to indemnify and hold and save harmless the participating organizations and any of their officials, agents, officers, deputies, employees, and volunteers including the employee I am accompanying, from liability, action, claim, damage, award, or judgment incurred by or suffered by the aforementioned parties, or any of them, as a result of any act or omission by me or caused by me, in whole or in part, while accompanying any county deputy, police officer, employee or other agent or officer of the participating organizations.

In addition I make the following representations and acknowledgements upon which I intend to the participating organizations to rely:

- (1) I understand and agree that I will be only an unarmed, lay observer and bystander with no active role in any law enforcement or other official police duties and that I will not have or be given any duties, rights, powers or authority whatsoever other than those conferred by law upon any other person in like or similar circumstances as may arise from time to time. Further, I will not under any circumstances interfere with any law enforcement or public safety agency, its agents or employees or offer any advise or counsel to any person being questioned, investigated, detained or arrested.
- (2) I realize as a civilian observer, the participating organizations afford no workers' compensation, death or disability benefits, or any type of insurance coverage whatsoever for loss, disability, or death to me.
- (3) I realize I may and will on occasion be placed in positions of considerable danger both foreseeable and unforeseeable and agree that neither the participating organizations, or its agents or employees shall be obligated to take any steps or actions to protect my person or provide a means of retreat or withdrawal for me and I hereby release them of any duty to do so, intending hereby to willfully and voluntarily to assume all risks inherent to law enforcement and public safety duties.
- (4) I agree that all confidential and/or official information I might gain from participation is for educational purposes and is not to be disseminated for any reason whatsoever except upon summons as a witness in an administrative or court proceeding.
- (5) I understand and agree the Wise County Law Enforcement Explorer Post can revoke my participation in this program at any time for any reason.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Appendix A

Participating Organizations

1. Wise County, Texas
2. Wise County Constable's Office Precinct 4, Wise County Constable Pct 4, and it's agents/employees
3. Wise County Sheriff's Office, Wise County Sheriff, and it's agents/employees
4. City of Runaway Bay, Texas
5. Runaway Bay Department of Public Safety, and it's agents/employees/volunteers
6. Any other bona fide law enforcement or public safety organization not listed that may be providing education through instruction or direct observation and participation in public safety activities.

PARENTAL PERMISSION / MEDICAL RELEASE

_____ has my full permission and consent to participate in the Wise County Law Enforcement Explorers program. I know of no health or fitness restrictions that preclude his/her participation in the program. In the event of illness or injury occurring to my son/daughter while involved in any Explorer activity, **I consent to X-ray examination, anesthesia, medical, or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the attending physician** and performed by or under the supervision of a member of the medical staff of the hospital or clinic providing medical services. It is understood that in the event of a serious illness or injury, and I cannot be reached, I hereby grant officers and personnel of the participating agencies permission to consent to necessary and appropriate medical treatment and that all reasonable efforts to reach me will be attempted.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Health/Accident Insurance Company: _____

Policy #: _____ Blood Type: _____

Personal Physician: _____ Phone #: _____

In case of emergency notify: (First contact)

Name: _____ Relationship: _____

Address: _____ Phone #: _____

List two others: (Second and Third contact)

Name: _____ Phone #: _____

Name: _____ Phone #: _____

**WISE COUNTY EXPLORERS
WEB SITE WAIVER OF LIABILITY AND RELEASE AGREEMENT**

Please initial the applicable provision below:

I hereby acknowledge that:

_____ **Parent, guardian or managing conservator of minor:**

I am the parent/guardian/managing conservator of a participant less than 18 years of age in the Wise County Explorer program. Said participant has my permission for the Wise County Explorer Post to display photographic likenesses and editorials regarding the Explorer program. I hereby waive all claims against the Boy Scouts of America, Learning for Life, the Texas Law Enforcement Explorer Advisors Association, all participating public safety agencies, their officers, employees, volunteers, agents or representatives for misuse of any contents displayed on the Wise County Explorer website by any other individual(s) not in conjunction with the Explorer program. I hereby release and forever discharge the Boy Scouts of America, Learning for Life, Texas Law Enforcement Explorer Advisor Association, all participating public safety agencies, their officers, employees, volunteers, agents, or representatives of and from all claims, demands and suits.

_____ **Participant who is 18 or older:**

I am a participant in the Wise County Explorer program and am 18 years old or older. I give permission for the Wise County Explorer Post to display photographs of my likeness and editorials regarding the Explorer program. I hereby agree to waive all claims against the Boy Scouts of America, Learning for Life, Texas Law Enforcement Explorer Advisors Association, all participating public safety agencies, their officers, employees, volunteers, agents or representatives for misuse of any contents displayed on the Wise County Explorer website by any other individual(s) not in conjunction with the Explorer program. I hereby release and forever discharge the Boy Scouts of America, Learning for Life, Texas Law Enforcement Explorer Advisor Association, all participating public safety agencies, their officers, employees, volunteers, agents, or representatives of and from all claims, demands and suits.

I/we, the undersigned, have read and understand the above stated waiver of liability and release agreement and agree to it.

Participant Name (printed)	Signature	Date
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Parent/Guardian/Managing Conservator (print)	Signature	Date
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Address and Phone number of person who signed above

HEPATITIS B VACCINE DECLINATION

FOR UNIT YOUTH / ADULT VOLUNTEERS

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) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine (check one):

At my expense At a reduced rate At no charge to me

However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

If in the future I continue to participate in unit activities with exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series (check one):

At my expense At a reduced rate At no charge to me

(A parent/legal guardian must also sign if participant is under 18 years of age.)

Signature

Date

Parent / Legal Guardian Signature (under 18)

Date