



# Post 306

## VICTORIA POLICE DEPARTMENT EXPLORER PROGRAM APPLICATION



Name: \_\_\_\_\_ TX ID /DL: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Social Media Names: \_\_\_\_\_

School: \_\_\_\_\_ Counselor: \_\_\_\_\_ Grade: \_\_\_\_\_ GPA: \_\_\_\_\_

Mother / Guardian: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Father / Guardian: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Allergies to drugs and/or foods: \_\_\_\_\_

Important medical information (Special medications / instructions): \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been detained or arrested by Law Enforcement (If yes, list Police Agency, date & explanation):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Traffic Citations (If yes, list Police Agency, Date & reason for citation): \_\_\_\_\_

*I understand that the portion of this form is subject to examination by the **Victoria Police Department** and I further acknowledge that all of the information contained will be used solely to determine my suitability as a Victoria Police Department 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 **Victoria Police Department** and I hereby authorize the release and full disclosure of any or all personal / confidential information to any duly authorized agent of the **Victoria Police Department**.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

List any group, club, or service organization in which you participate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your expectations of the VPD Explorer Program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How or what can you do make your community a better/safer place to live? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your career goal? \_\_\_\_\_  
\_\_\_\_\_

The Explorers meet every other Tuesday for two hours. Which timeframe would you prefer? **Circle one.**

4:00-6:00 pm

4:30-6:30 pm

5:00-7:00 pm

**ACKNOWLEDGEMENT:**

*I hereby acknowledge that if I am selected as a VICTORIA POLICE DEPARTMENT EXPLORER, my primary objective will be to examine and study the field of law enforcement and community service. I understand that teamwork is a necessity for the success of the program and my own personal growth. I will remain true and honest, and will strive to achieve the objectives and ideals of the Explorer Program.*

Applicant Signature: \_\_\_\_\_

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**FOR DEPARTMENT USE ONLY**

Background Checks:     Local Records Check                       Driver's License & Wanted Combo (DL with other states if applicable)  
    Criminal History (CCH)                       National Sex Offender Public Website <http://www.nspw.gov>

Application Approved:     Yes                       No

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_



# VICTORIA POLICE DEPARTMENT EXPLORER PROGRAM RELEASE FORM



## VIDEO PHOTO RELEASE

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

## AUTHORIZATION TO TREAT A MINOR

I, the parent / legal guardian of the child listed below, do hereby authorize and consent to any X-ray examination, anesthetic, medical, or surgical treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the provisions under the Dental Practice Act and on the staff of any acute general hospital or emergency care facility holding a current license to operate a hospital or emergency care facility from the State of Texas Department of Public Health. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the physician listed in the application, in the exercise of his/her best judgment, may deem advisable for my child. Further, I understand my child will be participating in inherently dangerous activities and agree to pay for my child's medical expenses. I understand that all effort shall be made to contact me prior to rendering treatment to my child, but any of the above treatment will not be withheld if I cannot be reached. This consent shall remain in effect for the duration of my child's participation with the Victoria Police Department Explorer Program.

## RELEASE FROM LIABILITY

In consideration of the acceptance of the application of my child, as a participant in any program and/or activities of the Victoria Police Department Explorer Program, I and my child hereby agree to assume all risks attendant upon myself and my child while participating in any Victoria Police Department Explorer Programs and/or activities. I and my child hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I or my child may have, or which hereafter may accrue to me or my child, as a result of my child's participation in the Victoria Police Department Explorer Program or activity. I agree to indemnify and hold harmless from liability the Victoria Police Department Explorer Program, its member chapters and/or any of their agents, servants, or employees by reason of any accident, death, injury, or damages, to persons or property which I or my child may suffer while participating in the Victoria Police Department Explorer Program and/or activity. The release is intended to discharge in advance the Victoria Police Department Explorer Program, its member chapters and/or any of their agents, servants, or employees by reason again any accident, death, injury or damages to person or property which I or my child may suffer, from and against any and all liability arising out of or connected in any way with me or my child's participation in the Victoria Police Department Explorer Program and/or activity.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns, and the heirs and assigns of my child. I agree to accept all responsibility for any property damage or injury to any person cause by me or my child while participating in the Victoria Police Department Explorer Program and/ or activities.

I have read, understand and approve the **VIDEO PHOTO RELEASE, AUTHORIZATION TO TREAT A MINOR** (with restrictions I may have listed above) and **RELEASE FROM LIABILITY**.

\_\_\_\_\_  
PRINT NAME OF PARTICIPATING CHILD

X \_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

Date: \_\_\_\_\_