



# LIVERMORE POLICE DEPARTMENT

*Service with Honor. Protection with Purpose.*



## LIVERMORE POLICE DEPARTMENT EXPLORER POST #925

We are pleased that you have shown an interest in the Livermore Police Department Explorer Program. Please find the attached application packet along with additional information that details more about the program.

Law Enforcement Exploring provides educational training programs for young adults on the purposes, mission, and objectives of law enforcement. The program provides career primary goals of the program are to help young adults choose a career path within law enforcement and to challenge them to become responsible citizens of their communities and the nation.

Explorer meetings are held on the first and third Thursday of each month. Meetings begin at 5:30 p.m. and usually last two (2) hours. Every so often, the meeting will run late. The meetings are held at the Livermore Police Department.

To begin the application process, complete the enclosed application packet and return it to the Police Department via email at [lpd-explorer@livermoreca.gov](mailto:lpd-explorer@livermoreca.gov) or in person at 1110 S. Livermore Avenue, Livermore, CA 94550. If you have questions and would like to call the phone number is (925) 371-4854.





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## *A few things to consider before joining Livermore Police Explorer Post #925:*

- If accepted into the Explorer Program, you will be expected to maintain these standards throughout your enlistment in the Explorer Post. If you do not maintain these standards, you could be removed from the program.
- If accepted into the Explorer Program, you will be required to maintain good grooming standards on hair length and appearance, facial hair and general appearance. These standards are to be met by the next Explorer meeting or activity after you are accepted. These standards will also be maintained throughout your enlistment in the Explorer Program, or you could be removed.
- Any occurrence of dishonesty and/or deception is grounds for immediate termination from the Explorer Program.
- If accepted in the Explorer Program, you will be required to accept constructive criticism and occasional discipline. The discipline for a minor infraction may include but is not limited to, memos, push-ups or writing essays. You must be willing to accept and perform the assigned discipline when asked.
- The Livermore Police Department Explorer Program has and maintains high standards. We expect all our members to be proud of who they are and proud to belong to this organization. We will not make exceptions to our high standards as we do have a reputation to this organization and community to live up to. Therefore, if you do not feel that you can follow these simple rules and requirements, we suggest that you reconsider applying for this program.

If you do feel that you can follow these rules and requirements, we invite and welcome your application to be a Livermore Police Explorer.



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## LIVERMORE POLICE DEPARTMENT EXPLORER POST #925

The Livermore Police Department Explorer program is associated with the Boy Scouts of America. The Explorer Post is a civilian volunteer uniformed position with the Livermore Police Department that consists of youths between the ages of 14 and 21 years old.

### **MEMBERSHIP REQUIREMENTS**

- 14 – 19 years old and graduated 8<sup>th</sup> grade (May remain in Post until 21<sup>st</sup> birthday)
- Maintain a 2.0 grade point average with no “F’s” on progress reports and report cards.
- No criminal history (A background check is mandatory)
- Attend school regularly
- Must clear a fingerprints / background check
- Provide two (2) letters of recommendation (SRO, School Guidance Counselor, Clergy, Teacher, etc. )
- Be of good health and good moral habits
- Submit completed application

### **HOW TO MAINTAIN MEMBERSHIP**

- Members must attend 90% of all Explorer meetings
- Members must attend 90% of all Explorer functions
- Members must maintain at least a ‘C’ grade point average
- Members must abide by all rules and regulations governing Explorer Post 925

### **PROGRAM OBJECTIVES**

The purpose of Law Enforcement *Exploring* is to provide young adults with an effective program designed to build positive character traits, develop personal and mental fitness as well as promote active citizenship.

The goal of Exploring is to give youth an opportunity to pursue career interests with Police Officers who can guide them to experiences they might not otherwise get in traditional educational settings, hands on experiences with Officers who work in the field or have knowledge of it. The first goal recognizes the difference between reading about Law enforcement and participating in Law enforcement.

### **WHAT DO LAW ENFORCEMENT EXPLORER POSTS DO?**

- Police Ride-a-longs
- Range Shooting & Training
- Crime Scene Investigation
- Hostage Negotiations
- Arrest Techniques
- Traffic Stops
- Fingerprinting
- CPR and First Aid Training
- Police Radio Codes
- Physical Fitness Training
- Public speaking/Presentations
- Community Service



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## LIVERMORE POLICE DEPARTMENT EXPLORER POST #925 APPLICATION

**NAME OF APPLICANT:** (Last, First, Middle)

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**DATE OF APPLICATION:**

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### READ THE FOLLOWING INFORMATION CAREFULLY AND COMPLETELY

Those persons responsible for accepting applications into the Livermore Police Explorer Program will evaluate this questionnaire. It will be reviewed as part of a background investigation into your personal history.

**ALL APPLICANTS ARE REQUIRED TO COMPLETE THIS QUESTIONNAIRE AND COMPLETE AN INTERVIEW AS PART OF THE APPLICATION PROCESS.**

**ANY FALSE, MISLEADING, OR INCOMPLETE INFORMATION OR FAILURE TO FOLLOW INSTRUCTIONS LISTED BELOW WILL BE GROUNDS TO DISQUALIFY YOU FOR MEMBERSHIP IN THE LIVERMORE POLICE EXPLORER PROGRAM.**

### FOLLOW THESE DIRECTIONS CAREFULLY

- Use ink or Adobe reader to complete this questionnaire.
- Write or print legibly.
- Read each question carefully.
- Answer each question completely and accurately.
- Answer all questions.
- If a question does not apply to you, write "n/a" in the box.
- If you need additional space, write on the back page.
- Before returning this questionnaire, read and sign the last page.
- You **must** also have a parent or guardian's signature.



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## 1. PERSONAL DATA

LAST NAME		FIRST NAME		M.I.	HOME PHONE		CELL PHONE	
CURRENT ADDRESS			CITY	STATE	ZIP			
AGE	DATE OF BIRTH	PLACE OF BIRTH	RACE	SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
SOCIAL SECURITY NUMBER			LIST ANY OTHER NAMES YOU HAVE EVER USED					

## 2. ADDRESS HISTORY

**STARTING WITH YOUR PRESENT ADDRESS, LIST ALL MAILING ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST FIVE (5) YEARS. DO NOT FORGET TO INCLUDE ZIP CODES.**

DATES		STREET ADDRESS	CITY	STATE	ZIP CODE
FROM	TO				
	Present				

## 3. REFERENCES

**LIST THREE (3) REFERENCES (NOT RELATIVES OR FORMER EMPLOYERS) WHO ARE RESPONSIBLE ADULTS AND HAVE KNOWN YOU WELL FOR AT LEAST THE LAST THREE (3) YEARS.**

NAME		STREET ADDRESS							__ RESIDENCE __ BUSINESS	
HOW KNOWN?	LONG	OCCUPATION	CITY	STATE	ZIP	HOME #	WORK #			
NAME		STREET ADDRESS							__ RESIDENCE __ BUSINESS	
HOW KNOWN?	LONG	OCCUPATION	CITY	STATE	ZIP	HOME #	WORK #			
NAME		STREET ADDRESS							__ RESIDENCE __ BUSINESS	
HOW KNOWN?	LONG	OCCUPATION	CITY	STATE	ZIP	HOME #	WORK #			



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## ***Explorer Application Signatures & Acknowledgements***

I hereby make an application to **Explorer Post 925** \_\_\_\_\_ Applicant's Initials

I understand that certain rules and regulations apply to all members and agree to abide by them. \_\_\_\_\_ Applicant's Initials

I understand that I may come across information that may be confidential; I agree to keep it that way \_\_\_\_\_ Applicant's Initials

I understand that if I do anything that is contrary to the By-Laws governing the *Post* resulting in embarrassment for the *Post*, City of Livermore, *Livermore P.D.*, or the *Chief of Police*, my membership will be terminated: \_\_\_\_\_ Applicant's Initials

I swear that I have not provided any information that is deliberately misleading, dishonest, or deceptive in this application. \_\_\_\_\_ Applicant's Initials

\_\_\_\_\_  
**Applicant Signature** \_\_\_\_\_ **Date**

\_\_\_\_\_  
**Signature of Parent or Guardian** \_\_\_\_\_ **Date**

<i>For Official Use Only</i>
Date Application Received _____
Date of Meetings _____
Interview Date _____
Investigation Assigned _____
Investigation finding _____
_____
_____
_____
Date Membership Voted _____
Accepted Date: _____
Rejected Date: _____
Date Applicant Notified: _____



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## *Video Photo Release*

I understand that during my membership in the Livermore Police Explorer Post 925, my photograph may be taken by the Livermore Police Explorer Post 925 Advisors, the City of Livermore, producers, sponsors, organizer, and/or assigns. I agree that my photograph and/or video photography, film photography, or other reproduction of my likeness, may be used without charge by the Livermore Police Explorer Post 925, the City of Livermore, producers, sponsors, organizers and/or it's assigns for such purposed as they deem appropriate.

By signing this form, I consent to having my child's photo, name, awards and achievements published in the newspapers/or newsletters, TV or Police Explorer Web site.

Dated this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

Witness: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Explorer \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Parent/ Guardian (if under 18 years of age)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name



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## EXPLORER PROGRAM

### WAIVER, RELEASE AND ASSUMPTION OF RISK AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, AND FOR INDEMNITY

**PARTICIPANT'S NAME** (please print): \_\_\_\_\_

Telephone #: \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**If Participant is less than 18 years old, please provide the following information for Participant:**

**Name of Parent/Guardian of Participant:** \_\_\_\_\_

**Telephone No.** \_\_\_\_\_ Home/Work/Cell (circle one)

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

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I, \_\_\_\_\_, as the Participant, or the parent/guardian of the Participant, that is not an employee of the City of Livermore have made a voluntary request for myself/my child (circle one) to participate in the Livermore Explorer Program ("Activity"), including any activities incidental thereto wherever or however the same may occur and for whatever period said activities or instructions may continue.

In consideration of the permission given to me or my child to participate in the Activity as stated above, I hereby agree and acknowledge that:

1. \_\_\_\_ (initial) The Activity is physically and may be emotionally demanding, that there are certain risks inherent in the Activity, and that I or my child may be subjected to the risk of death, personal injury or to the loss or damage of property, and that I freely, voluntarily and with full knowledge assume such risks of death, personal injury, and loss or damage of property.

2. \_\_\_\_ (initial) The Activity supervisors are not trained medical professionals, but will make every reasonable effort to provide first aid in case of injury. I further acknowledge that said persons will make every reasonable effort to warn me or my child of known risks inherent in the Activity, but that all dangers associated with the Activity and their consequences cannot be foreseen. Knowing, understanding and fully appreciating these facts, I hereby expressly, voluntarily, and willingly assume all risks and dangers with my or my child's participation in the Activity.

3. \_\_\_\_ (initial) The City of Livermore and the Livermore Police Department do not provide medical insurance for participants in the Activity and are not responsible for the costs of any medical care necessary as a result of participation in the Activity. I further acknowledge that I am, or my child is, covered by medical insurance and will voluntarily and willingly provide the medical insurance information to the Livermore Police Department.

4. \_\_\_\_ (initial) I certify that I am, or my child is, physically, emotionally, and mentally able to participate in the Activity.

5. \_\_\_\_ (initial) As a Participant, that I or my child: Shall not use or be under the influence of alcohol or drugs, including prescription drugs that may affect my or my child's ability to safely participate in the Activity; will obey all rules or conditions placed on the Activity, including safety rules; will not engage in conduct that increases the risk of death, personal injury or to the loss or damage of my property, while participating in the Activity; and, will not interfere with the performance of the Activity or in a manner that will bring disrepute upon the City of Livermore, the Livermore Police Department, their officers, employees, agents, and designated volunteers.



6. \_\_\_\_\_(initial) That the City of Livermore, its officers, employees, agents, designated volunteers, and sureties, and each of them shall not be responsible or liable for any wrongful death, personal injury, or damage or loss of property incurred by me or my child while participating in the Activity, whether the same shall arise by the negligence or omission of any said persons, or otherwise. **IT IS THE EXPRESS INTENTION OF \_\_\_\_\_, BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE CITY OF LIVERMORE, ITS OFFICERS, EMPLOYEES, AGENTS, DESIGNATED VOLUNTEERS AND SURETIES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.**

7. \_\_\_\_\_(initial) By executing this form, I understand and expressly waive the rights conferred upon me by California Civil Code section 1542, which reads:

**A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS THAT THE CREDITOR OR RELEASING PARTY DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE AND THAT, IF KNOWN BY HIM OR HER, WOULD HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR.**

As a result, I understand that this waiver shall bar all claims, demands, obligations, liabilities, actions, causes of action, fees, damages, losses, costs, and expenses of any nature whatsoever, whether known, unknown, suspected, or claimed, arising from, out of, or relating in any way to my, or my child's, participation in the Activity.

8. \_\_\_\_\_(initial) For myself and my child, and any and all heirs, executors, administrators and assigns for myself and/or my child, I hereby release the City of Livermore, its officials, officers, directors, employees, agents, designated volunteers, and sureties, and each of them, and agree to defend, indemnify and hold the City of Livermore, its officials, officers, directors, employees, agents and designated volunteers harmless from and against any and all loss, liability, damage, including but not limited to reasonable attorney, consultant and expert fees and/or court costs, directly or indirectly arising out of or in connection with my or my child's participation in the Activity, except for the gross negligence and willful misconduct of the City of Livermore, its elected officials, officers, directors, employees, agents and designated volunteers. The foregoing agreement to indemnify shall continue in full force and effect notwithstanding the conclusion of my participation in the Activity.

**I have carefully read this entire two page document and understand its terms and their legal significance. This waiver, release and indemnification is freely and voluntarily given with the understanding that right to legal disclosure against the City is knowingly given up in return for allowing my or my child's participation in the Activity. My signature is intended not only to bind myself and my child, but all successors, heirs, representatives, administrators, and assigns that me or my child may have. No oral representations, statements or inducements apart from this written agreement have been made.**

Dated \_\_\_\_\_ ,  
at Livermore, California.

\_\_\_\_\_  
NAME -PLEASE PRINT

\_\_\_\_\_  
SIGNATURE (Participant or parent/guardian of Participant less than 18 years old)

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**EMERGENCY INFORMATION**

**EMERGENCY MEDICAL:**

In case of a medical emergency, and I am not able to authorize treatment for myself and/or my child, I hereby expressly give my permission to the Activity supervisors to contact 9-1-1 to obtain whatever reasonable medical care is necessary.

\_\_\_\_\_  
Name of Medical Provider Telephone Number

\_\_\_\_\_  
Name of Insurance Provider Policy Number

**EMERGENCY CONTACT:**

Please list a family member or friend we may contact in case of an emergency.

\_\_\_\_\_  
Name Telephone Number Relationship

Please note any history of serious illness (diabetes, asthma, epilepsy, heart condition) previous injuries, or allergies (hay fever, bee stings, food, medicines or drugs) that might limit your or your child's participation in the Activity. If none, please state NONE.

I give my full permission to the CITY and any other media sources to use my or my child's name and/or pictures, or voice recordings for any publicity and promotion purposes without obligation or liability to me.

\_\_\_\_\_  
Name Signature Date