



Hollis Police Explorer Post 1746

Application Packet

General Membership Requirements:

1. Applicants must be between the ages of 14 and 21 with an exception to those deemed eligible for educational services from school until age 21.
2. Parental approval must be obtained.
3. A transcript from your school confirming you have satisfactory grades must be enclosed with the application.
4. The applicant must be of good character and possess good moral habits. Driving records will be considered if applicable. Responsible and respectful social media posts and interaction are also required.
5. Upon appointment to the Post, a mandatory six-month probation period must be served.
6. All applicants must successfully pass a background investigation including. If the applicant is 18 years of age or older, a criminal history records check may be conducted.

When filling out the attached application:

- Fill in all of the blanks. If an item does not apply to you put in N/A.
- Give complete information, including your first, middle, and last name spelling each name completely.
- Submit information only if you are sure of its accuracy.
- Be sure that you and *your parents* sign the forms in the appropriate places.

INTENTIONAL WITHHOLDING OF INFORMATION OR FALSEIFICATION OF INFORMATION ON THIS APPLICATION WILL RESULT IN IMMEDIATE DENIAL OF ACCEPTANCE. If the applicant is accepted and falsification is discovered, the Explorer will be dismissed without recourse.

- Incomplete packets **WILL NOT BE ACCEPTED**

Completed packet should be hand delivered to Master Patrol Officer Adam Kushmerek at the Hollis Police Department.

Full Name: _____ DOB: _____

Do you have a nickname or a name you prefer to be called? _____

Complete Address: _____

Home phone: _____ Work phone: _____ Cell: _____

Email: _____

School: _____ Grade: _____ GPA: _____

Parents/Guardians name: _____

Parents/Guardians address: _____

Parents/Guardians home phone: _____ Work: _____

Are you employed? _____ Where? _____

Hours per week? _____ What do you do? _____

Career interests: _____

Driver's license number: _____ State: _____

List any traffic violations you have received. Use additional paper if necessary

Please list all non-traffic contacts you have had with police. Include all arrests, charges, dates of arrest, and disposition: _____

Have you ever used illegal drugs/alcohol? _____ If yes, what, when, and where?

Have you ever been suspended from school? _____ If yes, when, why, and for how long?

How many days absent/tardy last semester/quarter? _____

Adult references; only 1 may be a relative

Name: _____ phone number _____

Name: _____ phone number _____

Education and training (include names of schools): _____

What skills do you possess that would be helpful as an explorer? _____

In your own words, explain why you want to become a Hollis Police Explorer:

ACKNOWLEDGEMENT:

I am hereby applying for admission into the Hollis Police Explorer program. I further authorize and request that you make available to any duly authorized representative of the Hollis Police Department, all information concerning my background, employment history, personal character, and criminal history. This is in connection with my application for participation with the Hollis Police Explorers.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Waiver of Liability, Release of Claims, and Indemnification

In consideration of admission in to the Hollis Police Explorer Post 1746 program and permission to engage in Hollis Police Explorer activities which further my or my child's education and knowledge of police activities;

I, the undersigned, hereby agree to indemnify and hold harmless the Town of Hollis, its officials, officers, employees, agents, and volunteers from any and all claims, injuries, or damages of any nature, sustained to my person or property which occur as a result of my, or my child's involvement in Hollis Police Explorer activities including damage or injuries which occur while I or my child are accompanying members of the said police departments as they conduct their official duties.

I further release and waive any and all claims and causes of action, including but not limited to actions based on negligence, which may arise against the said police departments, its officials, officers, employees, agents and volunteers, as a result of any injury to my or my child's person or property which occur as a result of or during my or my child's involvement in Hollis Police Explorer activity or while I or my child are accompanying members of the said Police Departments during their official duties.

I further agree for myself, my heirs, executors, administrators, and assigns, to defend and indemnify the Town of Hollis, its officials, officers, employees, agents and volunteers, their sureties against any and all actions, suits, debts, claims, demands, damages, liability, or expenses of any kind incurred or arising by reason of any actual or claimed negligence or wrongful act or omission of mine or my child's while accompanying any police officer, employee, agent, and volunteer, or while engaging in any Hollis Police Explorer activity.

All parties signing below endorse the preceding three paragraphs as their own and represent that the waiver of liability, release of claims, and indemnification is entered into a knowing and intelligent manner and pursuant to his or her free will.

APPLICANT'S SIGNATURE: _____

SIGNED THIS _____ DAY OF _____, 20_____

WITNESSED: _____

PARENT'S SIGNATURE: _____

PARENT'S SIGNATURE: _____

Statement of Understanding

I HEREBY REPRESENT THAT I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THIS DOCUMENT CONSISTING OF GENERAL MEMBER REQUIREMENTS, WAIVER OF LIABILITY, APPLICATION, HOLD HARMLESS AGREEMENT, AND MEDICAL RELEASE FORM. FURTHERMORE, I UNDERSTAND THE CONTENTS OF THESE DOCUMENTS AND SIGN SAME OF MY OWN FREE WILL.

EXECUTED AT _____, ON THIS _____ DAY OF _____, 20_____

SIGNATURE OF EXPLORER APPLICANT: _____

ADDRESS: _____

PARENTS INITIALS _____

AS PARENT OR GUARDIAN OF _____, I HAVE READ THE ATTACHED FORMS AS NOTED ABOVE AND AGREE TO ALL OF THE TERMS CONTAINED THEREIN.

SIGNATURE OF PARENT OR GUARDIAN _____

HOME PHONE (_____) _____ WORK PHONE (_____) _____

DATE _____

Hollis Police Department Hold Harmless Agreement

In consideration of the Town of Hollis granting the undersigned the opportunity to accompany an employee of their respective agencies in the performance of said employee's duties by riding with said employee in a town/city owned vehicle: and the undersigned, recognizing the fact that the duties of the officers of the town/city are inherently dangerous and that no duty is owed to the passenger while such employee is engaged in his or her official duties, hereby assumes all risks attendant upon such activity and agrees to hold the Town of Hollis, its officials, officers, employees, agents, and volunteers harmless from any and all claims which may arise as a result of the undersigned's accompanying said employee of the said cities.

I have read the above and yet desiring to accompany an employee of the Hollis Police Department, have agreed on this _____ day of _____, 20_____.

Signature: _____

Print name: _____ Address: _____

City: _____, NH Zip Code: _____

Date of Birth: _____ Phone: (_____) _____

THE REMAINDER OF THIS FORM MUST BE COMPLETED BY A PARENT OR GUARDIAN OF ANY PERSON WHO IS UNDER EIGHTEEN (18) YEARS OF AGE, OR WHO IS APPLYING TO BECOME A HOLLIS POLICE EXPLORER.

I, _____, the parent or legal guardian of the above names minor, (or Explorer Applicant), have read this hold harmless agreement and hereby consent to the minor/applicant accompanying a Hollis Police employee by riding with the employee in a city owned vehicle and knowing of the risks involved and assuming same, hereby agree to hold the towns and city listed above and its officials, officers, employees, agents, and volunteers harmless from any and all claims which may arise as a result of the above minor/applicant accompanying said employee.

Signature: _____

MEDICAL RELEASE FORM

I/We know of no health or fitness restriction that precludes the participation of Explorer _____ in Explorer Post 1746, sponsored by the Hollis Police Department.

In the event of serious illness or injury to _____ while involved in this Program, I/we consent to emergency medical treatment, x-ray examination, anesthesia, medical or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the emergency medical technician/paramedic and the attending physician, and is performed under the supervision of a member of the medical staff of the hospital furnishing the medical services.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me/us will be attempted.

Parent(s)/Guardian(s) Name _____

Parent(s)/Guardian(s) Signature _____

EMERGENCY PHONE NUMBERS

Home (____) _____ Work (____) _____ Mobile (____) _____

Advisor Approval: _____ Date: _____

