



# Fort Worth Police Department

## Explorer Application

All pages must be completed in black ink. All waivers must be signed to participate in the Explorer Program. Return this completed packet to the Post Advisor as soon as possible.

# CONFIDENTIAL

.....  
*Do not write below this line*  
.....

Date Received \_\_\_\_\_

Signature \_\_\_\_\_



**Fort Worth Police Department**  
**Explorer Application**

Name of Applicant \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone # \_\_\_\_\_

Please answer the following questions (Use the back of this sheet if you require more space)

Why do you want to become a Law Enforcement Explorer?

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What fields of work are you interested in?

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

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How did you find out about the Explorer Program?

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# Fort Worth Police Department

## Explorer Application

### Application and Personal History

Full Name \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Email address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Drivers License/State ID number \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

School attending/graduated \_\_\_\_\_ Grade \_\_\_\_\_

Year graduated or projected year of graduation \_\_\_\_\_

Fathers Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Employer \_\_\_\_\_

Mothers Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Employer \_\_\_\_\_

Applicant Name \_\_\_\_\_

Health/Accident Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

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 # \_\_\_\_\_

Emergency Medical Information:

List any allergies known:

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

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List any regular prescribed medications being taken by the applicant:

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**LEGAL HISTORY**

If you have ever received a traffic citation list them below and give a detailed explanation of the disposition. If this section does not apply to the applicant indicate here -----  Does not apply.

Charge	City	Date	Disposition

List any criminal offenses that you have been handled for in which you were either a suspect or an actor. Give a detailed explanation of the disposition. (List dismissed, Teen court, community service, deferred adjudication, fine or imprisonment) If this section does not apply indicate here-----  
 Does not apply.

Offense	City	Date	Disposition

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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.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fort Worth Police Department**  
**Explorer Release**

**MEDICAL RELEASE**

(Name of Applicant) \_\_\_\_\_ has my permission to participate in the Fort Worth Police Department Exploring Program.

I know of no health or fitness restriction(s) that preclude his/her participation. In the event of illness or injury occurring to the applicant while involved in any activity, I consent to x-ray examination, anesthesia, medical, and/or surgical diagnostic procedures or treatment that is considered necessary in the best judgement of the attending physician and performed by or under the supervision of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, and I cannot be reached, I hereby grant the Fort Worth Police Department permission to consent to necessary and appropriate medical treatment and that all reasonable efforts to reach me will be attempted.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Pager # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Other Numbers \_\_\_\_\_

Health/Accident Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Personal Physician \_\_\_\_\_

Phone # \_\_\_\_\_

**Fort Worth Police Department  
Explorer Consent form**

**Statement of Consent and Limitation of Liability**

(Name of Applicant) \_\_\_\_\_ desires to participate in a program being conducted by the department known as the Exploring Program.

In consideration of the permission granted to us by the City of Fort Worth, Tarrant County, Texas, to accompany, observe, and otherwise associate with peace officers and civilian employees of the City of Fort Worth as part of the Exploring program, (I)/(We), hereby waive all claims of damages or loss to the above named person or property which may be caused directly or indirectly by an act or omission of the City of Fort Worth, the Fort Worth Police Department, their peace officers, agents, employees or civilians volunteering with the Exploring Program. (I)/(We) assume the risk of all-dangerous conditions or occurrences. (I)/(We) further release and forever discharge the City of Fort Worth and the Fort Worth Police Department, their peace officers, agents, employees or civilian volunteers whether real or asserted, of every nature, kind, and character whatsoever arising out of said Exploring Program and do hereby covenant not to sue.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian  
Required if under 18 or living at home

\_\_\_\_\_  
Date

**CITY OF FORT WORTH  
WEB SITE  
WAIVER OF LIABILITY AND RELEASE AGREEMENT  
EXPLORER**



**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 Fort Worth Police Department Exploring program. Said participant has my permission for the City of Fort Worth to display photographic likenesses and editorials regarding the City of Fort Worth, Texas Exploring program. I hereby waive all claims against the Boy Scouts of America, Learning for Life, the Texas Law Enforcement Explorer Advisors Association, City of Fort Worth, Texas, their officers, employees, volunteers, agents or representatives for misuse of any contents displayed on the City of Fort Worth website by any other individual(s) not in conjunction with the City of Fort Worth, Texas. I hereby release and forever discharge the Boy Scouts of America, Learning for Life, Texas Law Enforcement Explorer Advisor Association, City of Fort Worth, Texas, 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 Fort Worth Police Departments Exploring program and am 18 years old or older. I give permission for the City of Fort Worth, Texas to display photographs of my likeness and editorials regarding the City of Fort Worth, Texas Exploring program. I hereby agree to waive all claims against the Boy Scouts of America, Learning for Life, Texas Law Enforcement Explorer Advisors Association, City of Fort Worth, Texas, their officers, employees, volunteers, agents or representatives for misuse of any contents displayed on the City of Fort Worth website by any other individual(s) not in conjunction with the City of Fort Worth, Texas. I hereby release and forever discharge the Boy Scouts of America, Learning for Life, Texas Law Enforcement Explorer Advisor Association, City of Fort Worth, Texas, their officers, employees, volunteers, agents, or representatives of and from all claims, demands and suits.

\_\_\_\_\_ **Participant under 18 who is not a minor:**

I am a participant at least 16 years of age in the Fort Worth Police Departments Exploring program and living separate and apart from my parents, managing conservator, or guardian, self-supporting and managing my own financial affairs, and a resident of Texas. I give my permission for the City of Fort Worth, Texas to display photographs of my likeness and editorials regarding the City of Fort Worth, Texas Exploring program. I hereby agree to waive all claims against the Boy Scouts of America, Learning for Life, Texas Law Enforcement Explorer Advisors Association, and the City of Fort Worth, Texas, their officers, employees, volunteers, agents or representatives for misuse of any contents displayed on the City of Fort Worth, Texas website by any other individual(s) not in conjunction with the City of Fort Worth, Texas. I hereby release and forever discharge the Boy Scouts of America, Learning for Life, Texas Law Enforcement Explorer Advisors Association, City of Fort Worth, Texas, 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.

Printed name of Participant \_\_\_\_\_ Signature of Participant \_\_\_\_\_

Printed name of Parent/Guardian/Managing Conservator \_\_\_\_\_

Signature of Parent/Guardian/Managing Conservator \_\_\_\_\_

Address and Phone number of person who signed above \_\_\_\_\_

Date this document signed \_\_\_\_\_