



## Lakes Region Police Explorer Application Packet

*Community Service in the Lakes Region*

General Membership Requirements:

1. Applicants must be between the ages of 14 and 21.
2. Parental approval must be obtained.
3. A letter from your school confirming you have satisfactory grades must be enclosed with the application.
4. The applicant must complete a Boy Scouts of America *Annual* Health and Medical record form. This form is valid for 12 months.
5. 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.
6. Upon appointment to the Post, a mandatory six-month probation period must be served.
7. All applicants must successfully pass a background investigation including, but not limited to, a criminal history records check.

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 mailed to or hand delivered to the Belmont, Gilford or Laconia Police Departments along with check for \$24. This fee covers unit liability insurance for one year.

Lakes Region Police Explorers

P.O. Box 320 Belmont, NH 03220

603-267-8351

**Application page 1**

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 \_\_\_\_\_

**Application page 2**

Education and training (include names of schools): \_\_\_\_\_

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

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

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I am hereby applying for admission into the Lakes Region Police Explorer program. I further authorize and request that you make available to any duly authorized representative of the Belmont, Gilford, Laconia 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 Lakewood Police Explorers.

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

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

**Waiver of Liability, Release of Claims, and Indemnification**

In consideration of admission in to the Lakes Region Police Explorer program and permission to engage in Lakes Region 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 Towns of Belmont and Gilford and the City of Laconia, 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 Lakes Region 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 Lakes Region 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 Belmont Town of Gilford and the City of Laconia, 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 Lakes Region 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, AND HOLD HARMLESS AGREEMENT, AND UNDERSTAND THE CONTENTS OF THESE DOCUMENTS AND SIGN SAME OF MY OWN FREE WILL.

EXECUTED AT \_\_\_\_\_, ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

SIGNATURE OF STUDENT MEMBER: \_\_\_\_\_

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 \_\_\_\_\_

**Police Department Hold Harmless Agreement**

In consideration of the Town of Belmont, Town of Gilford and the City of Laconia 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 Belmont, Town of Gilford and the City of Laconia, 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 Belmont, Gilford and Laconia Police Departments, 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 LAKES REGION 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 Belmont, Gilford, Laconia 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: \_\_\_\_\_