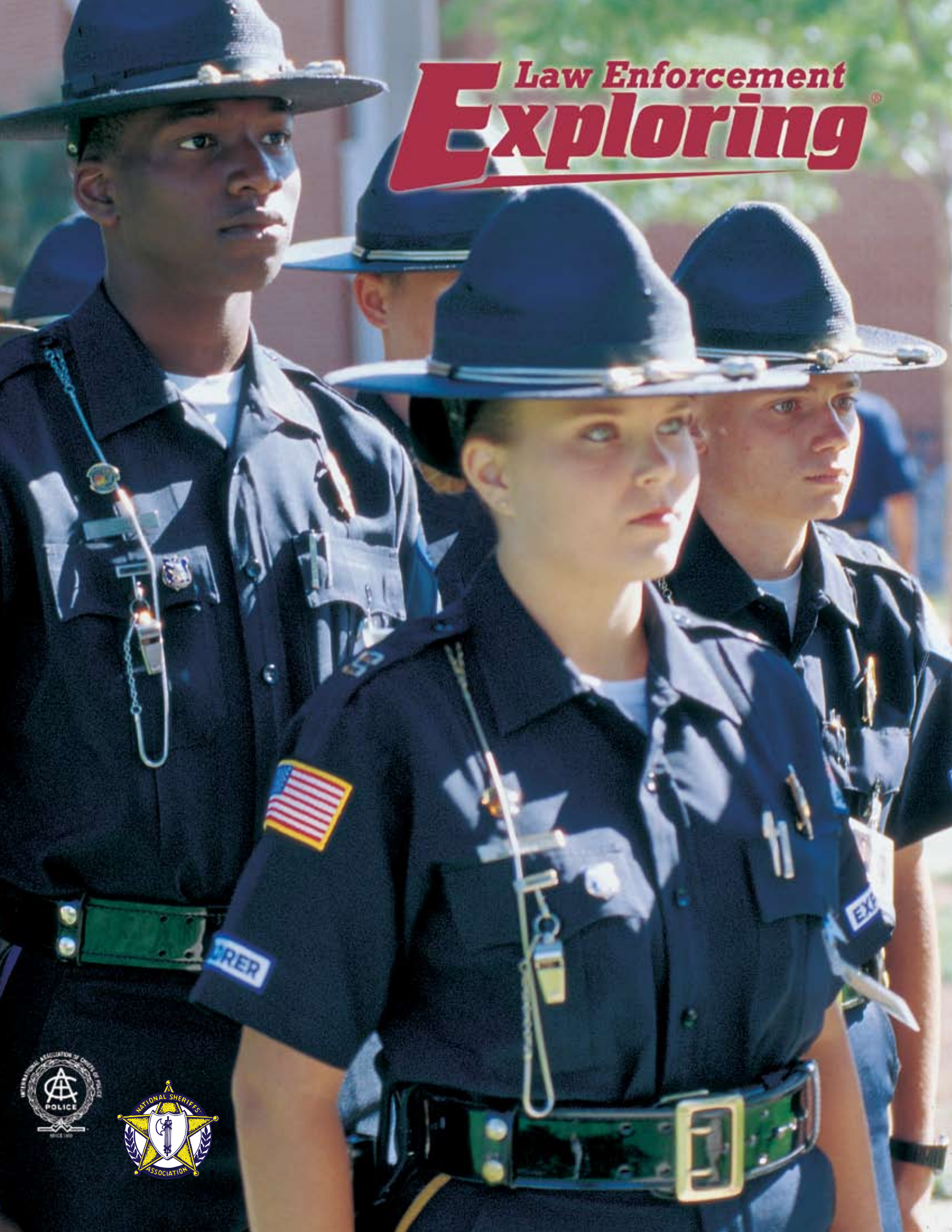
Law Enforcement Exploring®



What Is Exploring?

Exploring is Learning for Life's career education program for young men and women who are 14 (and have completed the eighth grade) or 15 to 20 years old. Adults are selected by the participating organization for involvement in the program. Color, race, religion, gender, sexual orientation, ethnic background, economic status, or citizenship is not criteria for participation.

Exploring's purpose is to provide experiences to help young people mature and to prepare them to become responsible and caring adults. Explorers are ready to investigate the meaning of interdependence in their personal relationships and communities.

Exploring is based on a unique and dynamic relationship between youth and the organizations in their communities. Departments or agencies initiate an Explorer post by matching their people and program resources to the interests of young people in the community. The result is a program of activities that helps youth pursue their special interests, grow, and develop.

Everyone Wins With Exploring

Exploring will be one of the best opportunities you offer your department/agency, your employees, and the youth of your community.

Department/Agency Benefits

- Impact on the education process of youth
- Team-building attitude within the department/agency
- Opportunity to interpret adult occupational roles for youth
- Preparing young adults for transition into the workforce
- Creating a "safe haven" for the healthy development of adolescents
- Developing future responsible and caring adults
- Ensuring that young people see how your department/agency relates to the free-enterprise system
- Helping young adults gain insight into the ethics and ideals of law enforcement
- Visible commitment to the welfare of your community

Employee Benefits

- Greater job awareness
- Developing leadership and problem-solving skills
- Re-evaluating ethical and moral values
- Opportunity for greater community involvement
- Respect from youth and community
- Identification as appropriate adult role models
- Enhancing communication, planning, and program development skills
- Greater commitment to service
- Developing interpersonal skills used in the workplace and elsewhere

Youth Benefits

- Stimulated interest in continual education
- Career information; insight into future vocation
- Positive alternative to negative youth activities, such as drug abuse and involvement with gangs
- Sense of acceptance and belonging to the "right" group
- Safe environment for adultlike activities
- Opportunities to participate in practical, real, and meaningful hands-on experiences
- New career and personal skills
- Opportunities to try leadership roles and develop skills
- Cooperative relationship between adults and youth
- Service to others

Exploring's Five Areas of Emphasis

1

Career Opportunities

- Developing potential contacts that may broaden employment options
- Boosting self-confidence and experiencing success at school and work

4

Citizenship

- Encouraging the skill and desire to help others
- Gaining a keen respect for the basic rights of others

2

Leadership Experience

- Developing leadership skills to fulfill our responsibilities in society
- Providing exposure to different leadership traits

5

Life Skills

- Developing physical and mental fitness
- Experiencing positive social interaction

3

Character Education

- Helping make ethical choices
- Fulfilling one's responsibility to society as a whole

Contact Information

Web site: Go to **www.learningforlife.org/exploring** and type your zip code in the locator box. Your local office's address and phone number will be displayed.

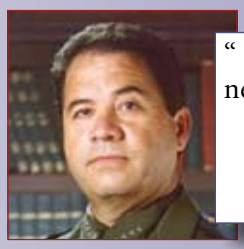
Click on the "Law Enforcement" selection at the top of the first Exploring page to view national activities, academies, scholarships, and much more.

Or

Call **972-580-2241** to find your local office and get information.

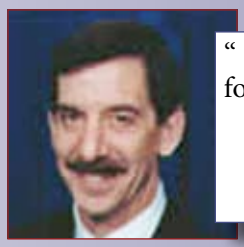
Law Enforcement Exploring . . .

" . . . helps to develop young adults into responsible and caring adults."
—Ralph Basham, commissioner
U.S. Customs and Border Patrol



" . . . is a consistent recruiting tool for new officers."
—David V. Aguilar, chief
U.S. Border Patrol

" . . . develops the character traits that will help our young people become leaders in their community."
—Karen Tandy, administrator
Drug Enforcement Administration



" . . . brings law enforcement to life for teens."
—Dan Rosenblatt, executive director
International Association of Police Chiefs

". . . helps to mold future law enforcement leaders by instilling professional ethics and teamwork."
—Michael Sullivan, director
Bureau of Alcohol, Tobacco, Firearms and Explosives

" . . . builds character and provides invaluable learning experiences for young adults."
—Thomas N. Faust, executive director
National Sheriffs' Association

" . . . helps young adults gain insight into the ethics and ideals of law enforcement."
—John Clark, director
U.S. Marshals Service

" . . . provides excellent support to our community-based programs."
—Mark Sullivan, director
U.S. Secret Service

Scholarship Opportunities

- ATF Special Agents' Law Enforcement Explorer $1,000 Scholarship (one awarded)
- Capt. James T. Regan Memorial Law Enforcement Explorer $500 Scholarship (two awarded)
- DEA Drug Abuse Prevention Service Award, $1,000 Recognition
- National Young American Award $7,500 Grant
- Sheryl A. Horak Memorial Law Enforcement Explorer $1,000 Scholarship
- U.S. Federal Investigators Law Enforcement Explorer $500 Scholarship

LEARNING FOR LIFE®

MISSION STATEMENT

It is the mission of Learning for Life to enable young people to become responsible individuals by teaching positive character traits, career development, leadership, and life skills so they can make ethical choices and achieve their full potential.

Learning for Life • 1325 West Walnut Hill Lane, P.O. Box 152079 • Irving, TX 75015-2079 • 972-580-2433
www.learningforlife.org/exploring

99-700A

2007 Printing

PRELIMINARY APPLICATION
Waxhaw Police Department Explorer Post

APPLICANT INFORMATION: (Please Print Clearly)

Name: _____ DOB: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile: _____ Work Phone: _____

School or Employer: _____ Grade: _____ Phone: _____

Email: _____

Have you ever been convicted of a crime (if so, please explain). _____

_____

_____

Why do you want to become an Explorer? _____

_____

_____

What type of activities do you enjoy? _____

_____

_____

PERSONAL DATA:

SSN: _____ Drivers License No.: _____

Any known medical issues: _____

EQUIPMENT & UNIFORM INFORMATION:

Height: _____ Weight: _____ Waist: _____ Pants Length: _____

Shirt Neck: _____ Shirt Sleeve Length: _____ T-Shirt Size: _____

Shoe Size: _____ Jacket Size: _____ Hat Size: _____

Post Advisor Approval: _____ Date: _____

National Law Enforcement Explorers, Inc.

P.O. Box 2371, Chandler, Arizona 85244

Explorer
Oath of Office

Name of Explorer: _____ ***Date of Oath:*** _____

As a law enforcement Explorer, my fundamental duty is to serve mankind. As a Law Enforcement Explorer, I will do my very best to earn the respect, trust, and appreciation of my fellow Explorers, Law Enforcement Officers and the public, which I intend to serve. I want to gain the admiration of other Explorers. I will reach my goals through the following ways:

1. *Much like my role models, I will keep my private life unsoiled. I will obey the law and set an example for citizens, when I am both in and out of uniform.*

2. *I will volunteer for details, the fun and the not so fun. I will be the first to pitch in when something needs to be done. I will work harder than my associates.*

3. *I will study hard in school, since I know that a good basic education is essential to a career in law enforcement. I know that the academic decisions I make today will effect my chances tomorrow. I understand that grades are important to my overall appearance.*

4. *My family comes first, school comes second, Explorers falls behind those two when it comes to decisions about scheduling my life. I will not let the Explorer program come before my family or my education.*

5. *While on ride alongs, I will do as I'm told, limit my conversation to law enforcement and the calls for service. I will try to be of aid to the officer, not a liability. I will present myself as a young professional adult.*

6. *I will learn as much as I can about my chosen profession. I will memorize radio codes, traffic laws, criminal laws, procedures, and as much as I am able so as to help officers in the field.*

7. *I will respect authority. I will respect the chain of command. I will not talk publicly about Officers, Deputies, Dispatchers, civilian employees or other Explorers in a manner as to bring discredit upon them.*

8. *I will treat all persons equally, despite their beliefs, color, creed, or income. I believe that all persons should be given equal opportunity. As such, I will struggle to protect all persons rights and will treat all people in a manner in which I wish to be treated.*

9. *I will be on time to all details, meetings and other Explorer activities. I will wear my uniform with pride, as it will be neat, clean, and pressed. I will have all my required equipment. My boots or shoes will be polished. I know that if I am on time and look sharp, I will be confident and will present myself as a professional.*

10. *I will always remember that law enforcement is not a game, it is not an adventure, and it is also not just a job. Law enforcement is a way of life. I will remember that Explorers are but a small part of the law enforcement community, but that my actions may represent law enforcement as a whole.*

I have read the above "oath of office" and agree to do my best to abide by the oath.

Applicant's Signature: _____ *Date* _____

Waxhaw Police Explorer Post

Hepatitis B Vaccine Declination for Post Youth/Adult Volunteers

I understand that due to my voluntary participation in Exploring activities, I may be exposed to blood and other potentially infectious materials, and may, therefore, be at risk of acquiring hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at my own expense.

However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to participate in unit activities with exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at my own expense.

(A parent/legal guardian must also sign if participant is under 18 years of age)

_____ _____

Signature Date

_____ _____

Signature Date

Hold-Harmless and Release Form

The undersigned, parents or guardians of _____, a participant of Explorer Post Number 131, hereby indemnifies and holds harmless the Town of Waxhaw, the Waxhaw Police Department, its agencies and employees, specifically including any and all police officers or personnel involved with the supervision and control of the Waxhaw Police Explorer Post Number 131 from any claims of an kind whatsoever or of any nature for injury to the person or damage to the property of _____, his/her parents, siblings, or heirs. This indemnity and hold-harmless agreement shall be considered a complete and total waiver of any and all liability on the part of the township/city of Waxhaw, its servants, agents, or employees, and particularly the police officers engaged in the supervision and control as set forth herein above.

_____ _____

Explorer Date

_____ _____

Parent or Guardian (Explorer under 18 years) Date

Explorer & Cadet Photo Release Form

I_____(authorize/do not authorize) permission for photographs of _____(name of Explorer or Cadet) be published on the Town of Waxhaw & Waxhaw Police Department websites.

I understand that these photos can be viewed on the internet. I hereby indemnify and hold harmless the Town of Waxhaw, the Waxhaw Police Department, its agencies and employees, specifically including any and all police officers or personnel involved with the supervision and control of the Waxhaw Police Explorer Post Number 131 from any claims of an kind whatsoever or of any nature for the mis-use of said photography on the internet.

This indemnity and hold-harmless agreement shall be considered a complete and total waiver of any and all liability on the part of the township/city of Waxhaw, its servants, agents, or employees, and particularly the police officers engaged in the supervision and control as set forth herein above.

I am over 18, and I give permission for my image to be published.

Signature: _____

I am the parent or legal guardian of the Explorer or Cadet named above who are under 18 years of age, and I give permission for their images to be published.

Adult's name (print): _____

Adult's signature: _____

MEDICAL RELEASE FORM

I/We know of no health or fitness restriction that precludes the participation of Explorer _____ in the Explorer Ride-Along program for Explorer Post _____, sponsored by the _____.

In the event of serious illness or injury to _____ while involved in this activity, 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 (____)_____ Message/ Pager (____)_____

NOTARY PUBLIC _____ DATE _____

ADVISOR APPROVAL _____ DATE _____

EXPIRATION DATE _____

CONSENT FORM

APPROVAL BY PARENTS OR GUARDIANS

(For youth participants and guests under 21 years of age, participating in a Learning for Life activity.)

First name and middle initial of participant/guest _____ Last name _____

Address _____ Birth Date (month/day/year) _____

Additional address (need street address if you have a P.O. box) _____

City _____ State _____ Zip _____

Area Code and telephone No. (parent's business) _____ Area Code and telephone No. (home) _____

APPROVAL

(If two parents/guardians, both need to sign.)

FOR: _____ **ON** _____

Name of activity. Date(s)

PARENTS/GUARDIANS. Please read all of the statements on both pages before giving your approval for participation in the activity listed above. I hereby approve and agree to all of the terms, conditions, and waiver of claims of this CONSENT FORM and certify its correctness. Further, I agree that this participant or guest can meet the health and physical fitness requirements of the trip or activity.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Medical Release. In the event of illness or injury occurring to my son or daughter while involved in this Learning for Life trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services.

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

Insurance Company _____ Policy No. _____

Physician _____ Telephone No. (_____) _____

Water Activities

In the event that the Learning for Life trip or activity takes place in total or in part on or near water, I certify that this youth participant/guest is (check one):
_____Non-Swimmer
_____Beginner Swimmer (Swim 25 ft. then make a sharp turn and swim back 25 ft.)
_____Advanced Swimmer (Swim 75 yards then make sharp turn and swim back 25 yards)
_____Lifeguard Certificate.
All such activities are to be conducted within the Safety Afloat, Safety First Guidelines.

Explorer Driver Qualifications

When traveling to a Learning for Life event under the leadership of an adult tour leader (at least 21 years of age), a participant at least 16 years of age may be a driver subject to the following qualifications: (1) six months' driving experience as a licensed driver (time on a learner's permit of equivalent is not to be counted); (2) no record of accidents or moving violations; and (3) parental permission has been granted to the leader, driver, and riders.

Waiver of Claims

In consideration of the benefits to be derived from participation in this Learning for Life trip or activity, any and all claims against Learning for Life, the group/post, and the participating organization, or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the applicant named above or to his or her property, in connection with or incidental to the Learning for Life trip or activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicant's family or guardians.

For Use by Notary Public if Required

In an effort to provide better youth protection, certain states and foreign countries now require all releases covering minors to be notarized. In addition to this, they may also require proof of death if only one parent is living, or approval of both parents and stepparent(s) in the event of divorce/remarriage. If you will be traveling through or going to an area where either or both of these restrictions apply, use the bottom of this form to provide space for additional signatures as required.

Subscribed and sworn before me on this the _____ day of _____, year _____

My commission expires: _____, year _____

Notary Public Signature: _____

YOUTH PARTICIPANT

Post number:

If applicant has an unexpired participant certificate, participation may be accomplished in this unit by paying $1 for processing the transfer. Mark and attach certificate. It will be returned by the council.

Transfer application Transfer from council No.: Post number:

Name and address information **(Please print one letter in each space—press hard, you are making a copy.)**

First name **(No initials or nicknames)** Middle name Last name Suffix

Country Mailing address City State Zip code

US

Home phone Date of birth (mm/dd/yyyy) Grade

- - / /

Ethnic background:

Black/African American Native American Alaska Native Asian

Caucasian/White Hispanic/Latino Pacific Islander Other

School

Gender: Male Female

Parent/guardian information

Select relationship: Parent Guardian Grandparent Other (specify)

First name **(No initials or nicknames)** Middle name Last name Suffix

Country Mailing address City State Zip code

US

Home phone Date of birth (mm/dd/yyyy) Occupation Employer Gender:

- - / / M F

Business phone Ext. Previous Exploring experience Cell phone

- - X - -

Parent/guardian e-mail address

@

I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).

Signature of post leader Date / /

Signature of parent/guardian

Signature of Explorer

Participation fee $. Paid: Cash Check No. _____ Credit card

LOCAL COUNCIL COPY

Retain on file for three years. 524-309A