

Huber Heights Police Explorer Post #57



*Program Guide
&
Application*

**Huber Heights Police Division
Public Affairs Unit**

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Huber Heights Police Division

Explorer Post #57

Membership / Application Procedures

- You must complete an application. Applications can be picked up at the Huber Heights Police Division Headquarters at 6121 Taylorsville Road between the hours of 8:00 AM and 5:00 PM, or printed online from this site.
- You must have attained the minimum age of 14, or be in the 8th grade. You can be accepted up to age 20.
- Students must maintain a grade point average of 2.0.
- You must maintain a good moral character, have no prior arrests, and be subject to a background check and oral interview.
- You must maintain an appearance and demeanor which is in keeping with the standards set by the Huber Heights Police Division.
- You must be in good physical health and possess no deficiency in your physical condition which would preclude you from a career in Law Enforcement.
- You must be a responsible citizen in the community with a good reputation.
- You must be able to volunteer a minimum of forty hours a quarter (three month period), at details or other events throughout the calendar year.
- You must be able to purchase your own uniforms. Uniform costs can be up to \$150.00

Huber Heights Police Division

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Police Background Investigation
Liability Release Authorization Waiver

Applicant: (Name) _____

The below listed individual is an applicant for membership with the Huber Heights Police Department Explorer Post #57. As a mandatory step in that application process, said individual is required to furnish information necessary to determine his/her moral, physical, and mental suitability for the position in question.

In connection with my application, I am authorizing the release of any and all information that you may possess concerning my work habits, personal character or conduct inclusive of any confidential or privileged information.

I hereby release you, your organization or other parties from any liability or damage which may result from the release of information in this matter.

Applicant: (Name) _____
(Date of Birth) _____
(Social Security No.) _____ - _____ - _____

Parents Signature _____

Date _____

Name _____ Social Security Number _____
Last First Middle

Other names you have used or have been known by, including aliases, nicknames _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

Residence Address _____ Residence Telephone _____

Business Address _____ Business Telephone _____

Driver's License Number _____ State _____ Type _____ Restrictions _____

Marital Spouse Status _____ Name _____

Spouses Address _____

Previous Residences: List all residences for the past 10 years with the most recent address first

From (Mo., Yr.)	To (Mo., Yr.)	Address (Including city, state and zip code)	Relationship of person you lived with
1.			
2.			
3.			
4.			
5.			

Father's Name _____ Address _____ Phone _____

Mother's Name _____ Address _____ Phone _____

Email Address / Name for a parent or guardian _____

Your current/personal email address _____

List each Grammar, Junior High, High School, Trade or Vocational School, College, or University that you have attended. Start with the most recent school you attended.

<i>Name of School</i>	<i>Location of School (City and State)</i>	<i>Graduate (Yes / No)</i>

Name of School Resource Officer for your school if applicable _____

Have you ever been suspended or expelled from school? _____

Have you ever been convicted or arrested by a law enforcement agency? _____

Have you ever received a traffic citation (other than a parking ticket)? _____

Have you ever been questioned by the police? _____

<i>Date</i>	<i>Arresting Agency</i>	<i>Conviction</i>

Have you ever smoked, ingested, snorted or otherwise used an illegal substance? _____

Is there any other issues that may surface as the result of contacting your references, school officials, school resource officer, parents, employers or otherwise in conducting a thorough back ground investigation that may affect your acceptance into the program?

Yes No

References: List three people other than relatives or past employers who know you well enough to give current or former information about you.

<i>Name</i>	<i>Address</i>	<i>Employer</i>	<i>Telephone</i>	<i>Years Known</i>

I certify that the statements contained are true to the best of my knowledge and understand that any false statements made in any part of this questionnaire will be cause for disapproval of my appointment or for discharge after appointment.

Signature Applicant _____

Indemnification / Hold Harmless Agreement

In consideration of my participation in any formal or informal activities associated with the Huber Heights Police Division, I hereby freely and voluntarily agree to the following representations, waivers and agreements.

I know and understand that the Huber Heights Police Division conducts training that may carry risks of serious personal injury, death and property damage. I also know and understand that while participating in this training, I am exposed to conditions and risks, which may cause property damage or bodily injury. I also represent that I have no physical or medical condition, which in my knowledge would endanger me or others while I participate in this training and/or activities.

Being fully aware of the risks, conditions and hazards associated with this training, I **HEREBY AGREE** to **WAIVE, RELEASE, and DISCHARGE** for myself, my heirs, executors, administrators, legal representatives, assignees and successors in interest (hereinafter “successors”) all claims of damages for death, personal injury or property damage which I may have or which may hereafter accrue to me as a result of my participation in any Huber Heights Police Division training or event, against any person or entity identified above, whether or not such injury or damage was foreseeable or not, including all such claims regarding the design or condition of any equipment or location utilized in this training or event.

I further agree to forever **HOLD HARMLESS** and **INDEMNIFY** all persons and entities identified above, generally or specifically from any and all liability for death, personal injury or property damage resulting in any way from my participation in Huber Heights Police Division events and/or training. I also agree, for myself and successors, that the above representations are not mere recitals and that they are binding; and that should I or my successors assert any claim in contravention of this agreement, I or my successors shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending against such a claim.

By signing below, I hereby acknowledge that I am 18 years old or older, and that I have read, understand and agree to the contents of this document. If under 18 years of age a parent or guardian must sign an addition to my signature of acknowledgment.

Lastly, is there any medical reason that would prohibit you from participation in any training session or event? Yes No

Print Name of Applicant _____

Signature of Applicant _____

Date Signed _____

Print Name of Parent _____

Signature of Parent _____

Date Signed _____

Confidentiality Agreement

I, _____ do hereby understand that maintaining confidentiality is of critical importance in my volunteer work at the City of Huber Heights Police Division.

As part of my duties as a volunteer I may learn confidential information that is related to the City of Huber Heights Police Division that might include personnel matters, criminal investigations, criminal histories, and other high profile public issues. I may also hear conversations, see written documents, or observe things that are not intended for public review. The City of Huber Heights Police Division has extended the offer for me to volunteer my time and talents to them on the condition that I abide by the terms of this Agreement.

I agree that I shall not violate the confidentiality interests of the City of Huber Heights Police Division or its employees. The presumption is that all information related to my duties is confidential information unless I am explicitly told otherwise by the Chief of Police or his designee.

This agreement shall not be construed to prevent me from discussing the general nature of my work as a volunteer; however, under no circumstances may I reveal confidential information.

By signing this Agreement, I represent that I will not, at any time, knowingly deliver any confidential information to any person, entity, or organization, except as required by law or court order. I understand that any violation of this Agreement, or of confidentiality in general, is cause for separation from the City of Huber Heights Police Division and the volunteer program I participate in.

Volunteer Signature

Date

Printed Name

Media Release Form

I grant permission to the City of Huber Heights Police Division and the City of Huber Heights Police Law Enforcement Explorer Youth Program to use my image (photographs and / or video) for use in City of Huber Heights Police Division and the City of Huber Heights Police Law Enforcement Explorer Youth Program publications including videos, email blasts, recruiting brochures, newsletters, and magazines and to use my image in electronic versions of the same publication or on the City of Huber Heights Police Division and the City of Huber Heights Police Law Enforcement Explorer Youth Program website or other electronic forms of media.

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

_____ I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ I am the parent of legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Date: _____

Name (please print): _____

Address: _____

Signature: _____

Parent Signature: _____



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HUBBER

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