**Gonzales Police Department**

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**Explorer Application**

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(Please fill out completely or the application will not be processed)

 **Step 1. Application**

Complete application (release or Personal Information Form

 and Parent Authorization must be notorized) Return to:

**Gonzales Police Department**

**Explorer Program**

**415 E Cornerview Rd**

**Gonzales, La. 70737**

**Step 2: Application will be reviewed by Explorer Staff**

**Step 3: All applicants will be notified by mail or in person of their acceptance or non-acceptance to the program.**

**Dues is collected every July. The initial joining dues is $20.00 then it is $10.00 every year after that.**

**The t shirt that is part of the Class B uniform is $15.00.**

**Class A Uniforms will be provided for the duration of the cadets in good standing, at the discretion of Advisors. Each cadet issued a uniform or jacket must maintain and return immediately when they leave the organization, or requested to turn them in by advisors. Uniforms are only to be worn when advisors say it is required.**

 **Gonzales Police Department**

**Law Enforcement Explorer Program**

 **Application**

Please fill out completely or the application will not be processed. If any section does not apply to you, please indicate by writing “N/A”. The Gonzales Police Department appreciates your interest in service and commends your desire to volunteer in our Explorer Program.

**PERSONAL INFORMATION:**

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| --- |
| Last Name First Name MI AGE Date of Appliction |
| Home address: City State Zip Date of Birth |
| Home Phone: Cell Phone: Can texts be received?  |
| **Driving Record:** La. Driver License Number  |
| **REFERENCES:** No Family Members as References. List (2) individuals you have known for at lease 3 years. Name Address Phone # |
| 1. |
| 2. |
| 3. |
| EDUCATION BACKGROUND AND MILITARY EXPERIENCEGrade now attending:  |
| Interest after High School: |
| Do you participate in any other activities: |
| Do you currently work:Location: Occupation: |
| Previous Employement: |
|  |

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| --- |
| Tell us a little about you….. |
| Hobbies and Interests? |
| Have you ever been suspended or expelled from school? |
| Is there anything that would prevent you from physical activities? |
| Have you ever used any illegal drugs? What kind? |
| What ideas do you have for after finishing high school? |
| Briefly state why you wish to be a Law Enforcement Explorer Cadet with the Gonzales Police Department (use back of sheet if necessary) **This question must be answered.** |

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| **EMERGENCY INFORMATION:** |
| In case of Emergency, please notify:Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: Phone Numbers: |
| TERMS AND SIGNATURE |
| As an explorer with the Gonzales Police Department, I am willing to furnish information for use in determining my qualifications.I understand that for security reasons a basic clearance check/background will be conducted and I will be fingerprinted. Further background information will be requested only if a specific volunteer assignment calls for a full security checkI understand that falsifying statements on this application or during the interview process is cause for my immediate dismissal from the Explorer Program.I understand that the Gonzales Police Department will not disclose amy of my information to any outside entity without my written consent.**I understand that the Gonzales Police Department will not have to disclose the reason, if any, for not being selected to the program.**Applicant Signature DATE |
| Parent Signature DATE |
|  |

**Authorization for Relase of Personal Information**

**I** respectfully request and authorize you to furnish the Gonzales Police Department any and all information that you may have concerning me, or my reputation. This includes, but is not limited to, the following information:

Employment: attendance, performance, etc.

Criminal Records and Reports

Education Records

I hereby direct you to release such information upon request of bearer.

This information is to be used to assist the Gonzales Police Department in dermining my acceptance as a “Law Enforcement Explorer”.

I hereby rease you, your organization or anyone furnishing such information from any and all liability for damages of whatever kind or nature which may at any time result in harm to me from furnishing the information requested above on account of compliance or attempt to comply with this authorization.

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. This form may be retained in you’re files.

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Printed Name of Applicant Signature of Applicant

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Signature of Parent Date

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Address City,

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