

SAN BERNARDINO POLICE DEPARTMENT
EXPLORER POST 303
APPLICATION



MINIMUM PROGRAM REQUIREMENTS:

- 14 – 20 YEARS OF AGE
- HAVE NO CRIMINAL RECORD
- WILLINGNESS TO PARTICIPATE
- HAVE A MINIMUM 2.0 GRADE POINT AVERAGE



San Bernardino Police Department Explorer Program

Application & Screening Questionnaire

Instructions: Accurately & honestly complete the entire application, neatly. Include all area and zip codes, apartment and space numbers, if applicable. **Any false statement and/or omission of any information on this application will be grounds for disqualification.** A criminal background check will be conducted, including being Live-Scan fingerprinted. Submission of this application is not a guarantee of acceptance. Explorers are NOT compensated and are NOT considered employees of the City of San Bernardino or the San Bernardino Police Department. Explorers are youth volunteers and serve at the discretion of the San Bernardino Police Department and its representatives.

PERSONAL INFORMATION

Last Name:				First Name:				Middle Name:				Suffix:			
Sex:	Race:	Height:	Weight:	Hair Color:	Eye Color:	Place of Birth:				Date of Birth:		Age:			
California Driver's License/ID Card #:				Social Security #:				Student ID Card #:							

CURRENT RESIDENCE INFORMATION

Home Address: (Number, Street, Apt., City, State, Zip)										How long have you lived there?									
Home Phone #										Cell Phone #									

PARENT/GUARDIAN INFORMATION

Mother: Last, First MI										Date of Birth										Driver's License # / State									
Home Address: (Number, Street, Apt., City, State, Zip)																				Phone #:									
Work Address: (Number, Street, Apt., City, State, Zip)																				Phone #:									
Father: Last, First MI										Date of Birth										Driver's License # / State									
Home Address: (Number, Street, Apt., City, State, Zip)																				Phone #:									
Work Address: (Number, Street, Apt., City, State, Zip)																				Phone #:									
Guardian: Last, First MI										Date of Birth										Driver's License # / State									
Home Address: (Number, Street, Apt., City, State, Zip)																				Phone #:									
Work Address: (Number, Street, Apt., City, State, Zip)																				Phone #:									

REFERENCES

Reference #1: Last, First		Address:	
Work Address: (Number, Street, Apt., City, State, Zip)			Phone #:
Cell Phone #:	Work Phone #:	Profession:	
How do you know this person?		Years Known?	
Reference #2: Last, First		Address:	
Work Address: (Number, Street, Apt., City, State, Zip)			Phone #:
Cell Phone #:	Work Phone #:	Profession:	
How do you know this person?		Years Known?	

EDUCATIONAL INFORMATION

School Currently Attending:	City:	Grade:	School References
School Last Attended:	City:	Grade:	

☐ I POSSESS A HIGH SCHOOL DIPLOMA

☐ I POSSESS A G.E.D.

☐ I POSSESS ANOTHER EQUIVALENT _____

☐ I PASSED THE CALIFORNIA HIGH SCHOOL PROFICIENCY EXAMINATION

☐ I DO NOT CURRENTLY HAVE A HIGH SCHOOL DIPLOMA OR ITS EQUIVALENT, BUT I PLAN TO SATISFY THE REQUIREMENT IN THE FUTURE AS FOLLOWS: _____

If currently enrolled in school, do you have a GPA of 2.0 or higher? [] Yes [] No

Do you participate in any school sports, social clubs, or other after school organizations? If yes, explain: _____

Are these other commitments seasonal or year-round? _____

BACKGROUND SCREENING INFORMATION

What social media sites are you on? (i.e. *Facebook, TikTok, Instagram*) _____

What is your e-mail address? _____

Have you ever been arrested? ☐ Yes ☐ No

If yes, when, where and what charge(s)? _____

Have you ever been convicted (found or plead guilty) of a crime? ☐ Yes ☐ No

If yes, when, where and what charge? _____

Are you currently on probation? ☐ Yes ☐ No

If yes, for what charge? _____

Have you ever received a citation? ☐ Yes ☐ No

If yes, when and what charge? _____

Have you ever knowingly used illegal narcotics or drugs? ☐ Yes ☐ No

If yes, what? _____ When was the last time? _____

Have you ever knowingly ingested (used) prescription drugs, not prescribed to you? ☐ Yes ☐ No

If yes, what? _____ When was the last time? _____

Have you ever knowingly consumed alcoholic beverages? ☐ Yes ☐ No

If yes, what? _____ When was the last time? _____

Do you have any tattoos? ☐ Yes ☐ No

If yes, where is it / are they located and what are they of? _____

Are you willing to cover tattoos if deemed necessary by SBPD staff members? ☐ Yes ☐ No

Do you have any gang affiliations? ☐ Yes ☐ No

If yes, who, what is their relation to you, and from what gang? _____

DRIVING HISTORY

Do you drive an automobile? ☐ Yes ☐ No

Make:	Model:	Color:	License #:	Registered To:	Insured to:
List all traffic citations (exclude parking citations) received within the past 7 years					
Nature of Violation	Location (City)	Approximate Date	Fined or Action taken on License		
List all traffic collisions within the past 7 years					
Location (City)	Date	Injuries (Yes/No)	At Fault (Yes/No)	Police Report Number	

EMPLOYMENT INFORMATION

Current Employer:		Address:		Telephone #:	
Job Title:		Supervisor's Full Name:			
From: Month / Year		To: Month / Year		<input type="checkbox"/> Full-time <input type="checkbox"/> Voluntary	
				<input type="checkbox"/> Part-time	
Previous Employer:		Address:		Telephone #:	
Job Title:		Supervisor's Full Name:			
From: Month / Year		To: Month / Year		<input type="checkbox"/> Full-time <input type="checkbox"/> Voluntary	
				<input type="checkbox"/> Part-time	
Reason for Leaving:					

Have you ever been terminated from a job? [] Yes [] No

If yes, when, from where, and why? _____

RELATED INFORMATION

Have you ever been an Explorer before? [] Yes [] No Where/When? _____

Have you ever been turned down to become an Explorer before? [] Yes [] No Where/When? _____

Can you commit to attending weekly meetings held **every** Wednesday from 6:00pm – 8:00pm? _____

Can you commit to attending a five-day live-in summer/winter explorer academy as required as part of the program? _____

Can you commit to attending regular community events during weekdays and weekends? _____

****Use and attach additional lined paper, if needed to explain any of your answers****

I attest that the information provided by me is accurate and complete to the best of my knowledge and recollection. I give my authorization to conduct a thorough background check on me (my child), to include fingerprint and social media inquiries. I understand that any false information provided by me and/or any omission(s) is grounds for disqualification.

Signature of Explorer Applicant

Printed Full Name

Date

Signature of Parent/Guardian (if under 18)

Printed Full Name

Date



City of San Bernardino

Police Department | Darren L. Goodman, Chief of Police

AUTHORIZED TO RELEASE INFORMATION

To whom it may concern:

As an applicant for an Explorer position with the San Bernardino Police Department, I am required to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature.

I hereby release you, your organization, or others from liability or damage which may result from furnishing the information requested.

This release will expire one (1) year after the date it was signed, and is a complete, total and unequivocal waiver.

CERTIFICATION: I certify that I have read this authorization form and understand its meaning and purpose.

Signature: _____

Parent's Signature _____

Name: _____

Parent's Name _____

Date _____

Date _____

Equino Thomas, Sergeant

Explorer Coordinator

Desk: (909) 384-5767

Cell: (909) 601-4278

Email: Thomas_eq@sbcity.org

LEADERS IN SETTING THE STANDARD OF EXCELLENCE

SAN BERNARDINO POLICE DEPARTMENT

POLICE EXPLORER POST 303

710 NORTH D STREET
SAN BERNARDINO, CA. 92401
(909) 384-5742

READ THIS WAIVER CLOSELY AND COMPLETELY

PARENTAL CONSENT, MEDICAL AUTHORIZATION AND RELEASE OF LIABILITY, WAIVER OF RIGHT TO CLAIM, AND INDEMNIFICATION AND HOLD HARMLESS AGREEMENT BY PARENTS OR LEGAL GUARDIAN OF PARTICIPANT IN SAN BERNARDINO LAW ENFORCEMENT EXPLORER POST 303 PROGRAM.

The undersigned are the parents or legal guardian of _____, applicant for participation in the Law Enforcement Explorer Program with the San Bernardino Police Explorer Post 303, a Learning for Life program and Boy Scouts of America Inc. affiliate.

The undersigned, in consideration of the consent of the City of San Bernardino to participation by the applicant in the program stated above, do (does) hereby release and forever discharge the City of San Bernardino and the San Bernardino Police Department, and the officers, agents and employees of either of them, of and from any all manner of actions, causes of actions, suits, proceedings damages, claims and demands, whatsoever, in law and equity, which might arise out of the applicant's participation in the Law Enforcement Explorer Post #303 program. The undersigned do (does) further waive any claim of liability as to the City of San Bernardino Police Department and the officers, agents and employees of any of them, for any action arising out of the applicant's participation in such program, and do (does) further agree to protect, defend, indemnify and hold the participating agencies and their officers, agents and employees from and against any and all losses, claims, demands and causes of action brought in the applicant's behalf, or by the applicant's heirs, administrators or assigns, of any kind or nature arising out of the activities of such San Bernardino Law Enforcement Post #303 program.

I (we) am (are) aware that participation in the program may entail, among other activities, tear gas indoctrination, firing firearms and weapons, riding in Police vehicles on official Police business and otherwise, experiencing law enforcement activities, physical fitness training, and practical application consisting of response to mock incidents.

I (we) hereby give my (our) Consent, at all times the applicant is participating in the San Bernardino Law Enforcement Explorer Post #303 program, to any x-ray examination, anesthetic, medical or surgical diagnosis of treatment and hospital care to be rendered to the participant under the general or special supervision, and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act, or to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said participant by a dentist licensed under the provisions of the Dental Practice Act. I (we) specifically agree to assume responsibility for any medical or dental expenses incurred by the applicant.

LEADERS IN SETTING THE STANDARD OF EXCELLENCE

I (we) hereby acknowledge that I (we) have carefully read this document, understand it, and agree to the contents of it, and to the applicant's participation on the terms and conditions stated.

Dated: _____

Father

Mother

(SIGN)

(SIGN)

(PRINT NAME)

(PRINT NAME)

Legal Guardian

(SIGN)

(PRINT NAME)

This form must be signed by both parents or the applicant's legal guardian.

I have read and do understand, approve, consent and agree to the foregoing statement and release.

Specifically, I am aware of the types of activities I may participate in and state that I am participating entirely upon my own initiative, risk and responsibility.

Dated: _____

Applicant

(SIGN)

(PRINT NAME)

LEADERS IN SETTING THE STANDARD OF EXCELLENCE