



# MIAMI TOWNSHIP POLICE DEPARTMENT

## EXPLORER APPLICATION

Print legibly all information required and answer all questions as completely and truthfully as possible. After filling out all information, sign your full name in the space provided. By signing this application, you acknowledge that the information is correct and truthful, and you give your full permission for the Miami Township Police Department and Adult Staff Members of Explorer Post 323 to conduct a full background investigation. Any required information that is found to be false, misleading, or recklessly omitted may be grounds for rejection of this application for membership.

Name: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Former Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Driver License #: \_\_\_\_\_ State: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

I understand that by potentially joining Miami Township Police Explorer Post 323, I am making a commitment towards a career in Law Enforcement, and that any future illegal or unethical activities will be looked down upon more severely by potential future employers based on the career path I have decided to begin.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

I understand that any false, misleading, or recklessly omitted information provided on this application will be grounds for immediate grounds for rejection of the applicant or dismissal from the post.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

**FAMILY INFORMATION**

Father's Name: _____	Date of Birth: _____
Name of Employer: _____	Occupation Title: _____
Mother's Name: _____	Date of Birth: _____
Name of Employer: _____	Occupation Title: _____
Sibling's Name: _____	Date of Birth: _____
Sibling's Name: _____	Date of Birth: _____
Sibling's Name: _____	Date of Birth: _____
Sibling's Name: _____	Date of Birth: _____
Sibling's Name: _____	Date of Birth: _____

Are you related to any active or retired members of the Miami Township Police Department?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, Please list their name and relation to you: \_\_\_\_\_  
\_\_\_\_\_

**Employment History**

Please list your current employer information (if any)

Business Name: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list your previous employment information (if any):

Business Name: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason Employment Ended: \_\_\_\_\_  
Business Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Reason Employment Ended: \_\_\_\_\_

Please list all clubs, organizations, and associations you now actively participate in or have ever participated in: \_\_\_\_\_

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### **Transportation Information / Traffic History**

Do you have reliable access to transportation to post functions and details to use whenever your presence is requested?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever been pulled over by the police while operating a motor vehicle?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever received a traffic ticket for a violation of a traffic law?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever received a traffic ticket for a traffic accident?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

### **Criminal / Juvenile History**

For applicants over 18 years of age: Please understand that even though your juvenile history is sealed and has no bearing on you as an adult, we still retain and utilize all juvenile information resulting from criminal and traffic history for law enforcement purposes. These questions below refer to BOTH JUVENILE AND ADULT HISTORY and we request information even if the offense happened before you became an adult. Past criminal activity may require you to fill out a supplement to this application to explain your situation in greater detail.

Have you ever been charged with any criminal offense or received a minor misdemeanor citation other than traffic related?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Explain: \_\_\_\_\_

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Have you ever been taken to a city, township, or county juvenile bureau for questioning?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been, or are you now, on any type of juvenile or adult probation?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you even been physically arrested and taken to any jail, juvenile detention center, police department, or released to your parents by any law enforcement agent?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever consumed any alcoholic beverage that was not given to you by a parent or guardian and consumed in the presence of the same parent or guardian?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever experimented or do you actively participate in any form huffing, or inhaling of harmful intoxicants including but not limited to: paints, glues, sprays, or other household products?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever used, abused, or taken any controlled substance or drug, either illegal in nature or not specifically prescribed to you for current medical reasons?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Reference Information**

As an applicant for Miami Township Police Explorer Post 323 you understand that you are requested to submit no less than three letters of recommendations to accompany this application. All of the personal references must be at least 18 years of age, and in no way can be related to you.

We suggest that you request a letter from a (1) school teacher or administrator; (2) an employer or leader of an extra-curricular group you are currently involved with or have previously been involved with; and finally (3) a family friend or a member of the Miami Township Police Department if one is personally known.

Please list the references below and attach the letters to the application:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Length of Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Length of Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Length of Relationship: \_\_\_\_\_

**Miscellaneous Information**

Do you understand as a new member of Miami Township Police Explorer Post 323 you MUST submit \$65.00 for fees and registrations?

- \$35.00 registration fee for the Boy Scouts of America. (One-time fee)
- \$35.00 annual dues for the Boy Scouts of America. (Begins after the first year)
- \$30.00 annual dues for the Post.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you understand that should you be accepted into the program you MUST attend all regularly scheduled meetings?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you understand that there will be classroom work and assignments given on days other than regular meeting nights?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you understand that you will be given tests and you MUST maintain a satisfactory or higher average to remain in the program?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you understand that you MUST maintain a 2.0 GPA in all high school courses to remain in the program, and that you MUST present current report cards as requested by post officers?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you understand that you are responsible for acquiring certain items of the post uniform at your own expense?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you understand that you will be charged criminally, if at the termination of your membership from the program you fail to return any and all property issued or owned by the Explorer Program or the Miami Township Police Department?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you discussed the Law Enforcement Explorer Program with your parents and family, and they understand the implied danger of potential incidents resulting from involvement in ride-alongs with officers or participation in uniformed functions of the program?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you and your parents understand that before you are permitted to ride-along with any member of the Miami Township Police Department, you must satisfactorily pass a number of classes, a written examination, and be subject to the Post Advisor's acceptance for involvement in the ride-along program?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are your parents aware of the expenses involved for the uniform and equipment?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you understand that while in uniform or present at any Miami Township Police Department function, there will be a strictly set of enforced code of conducts, and general provision including but not limited to grooming and a dress code?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you understand that membership into Miami Township Police Explorer Post 323 will not earn you any high school or college credit?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever been a member of any other Explorer Program, applied for membership, or attended any of their events, meetings or training and given the impression that you may consider membership?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, Please explain in detail: \_\_\_\_\_

Please list the names of any social media accounts you have, including MYSPACE, FACEBOOK, INSTAGRAM, SNAPCHAT, TWITTER, or any other site:

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You are hereby requested to sign your full name in the space provided. By signing this application, you acknowledge that the information is correct and truthful and give your full permission for the Miami Township Police Department and Adult Staff Members of Miami Township Police Explorer Post 323 to conduct a full background investigation. Any required information that is found to be false, misleading, or recklessly omitted may be grounds for rejection of this application for membership.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Please explain in detail why you want to be a member of the Miami Township Police Department Explorer Post 323:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **UNIFORM POLICY**

I understand that upon acceptance into the Explorer program and Miami Township Police Explorer Post 323, I will be issued a Miami Township Police Department Explorer ID card, an Explorer badge & hat badge, and I will be required to purchase a uniform to use during my tenure as a member of the post. I will be expected to care for and maintain the uniform that I purchase, along with the purchase of certain uniform accessories for which the post does not supply.

I understand that upon resignation from the post or termination from the post, the ID card, badges, and any other uniform item issued by the Miami Township Police Department shall be returned immediately. I also understand that if the items are not returned within 30 days, that criminal charges can and will be signed.

By signing below, I acknowledge that I have read the above and accept these terms.

\_\_\_\_\_  
EXPLORER

\_\_\_\_\_  
ADVISOR



**Applicant's Acknowledgement**

To Miami Township Police Explorer Post 323, Post Advisor:

I have discussed the entire Law Enforcement Explorer Program with my parents and/or family. I understand that I will be instructed in all aspects of law enforcement and will also be instructed in the proper use of firearms and will be given the opportunity to fire weapons on a firing range under proper supervision.

I am aware I will be required to attend regular meetings, training sessions, and from time to time will be required to attend special functions.

I understand that the cost of required uniforms, dues, registration fees and other equipment may range in cost from \$100.00 to \$300.00 and I have made arrangements to pay for these required items. I fully understand that should I leave the Law Enforcement Explorer Program for any reason, that the entire departmentally issued portion of the uniform is the sole property of the Miami Township Police Explorer Post 323.

I understand that Miami Township Police Explorer Post 323 is an independent organization and is in no way connected with any school and will not earn me any type of school credit.

I also agree to appear at a designated location with my parent(s) for the purpose of an interview with the Post Advisor or other Adult Staff Members of Miami Township Police Explorer Post 323, if necessary.

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

Mother's Signature: \_\_\_\_\_  
(If applicant is under 18 years old)

Father's Signature: \_\_\_\_\_  
(If applicant is under 18 years old)

**MANDATORY HEALTH AND IDENTIFICATION FORMS (Explorer)**

**IT IS THE INDIVIDUAL EXPLORER'S DUTY TO RESUBMIT THIS FORM BETWEEN YEARLY REVIEWS IF ANY INFORMATION IS CHANGED OR UPDATED.**

NAME: \_\_\_\_\_

DOB : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      SOC # : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DL : \_\_\_\_\_      STATE : \_\_\_\_\_      EXPIRES : \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_      ST: \_\_\_\_\_      ZIP: \_\_\_\_\_

HOME # : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CELL # : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

OTHER # : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL : \_\_\_\_\_

**EMERGENCY CONTACTS :**

MOTHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      CELL PHONE : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

OTHER PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      CELL PHONE : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

OTHER PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

OTHER CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      CELL PHONE : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

OTHER PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

MEDICAL INFO :

PRIMARY CARE DOCTOR: \_\_\_\_\_ OFFICE #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

POLICY #: \_\_\_\_\_

MEMBER #: \_\_\_\_\_ GROUP #: \_\_\_\_\_

POLICY HOLDER NAME : \_\_\_\_\_ PH #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

FAX #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

BILLING ADDRESS : \_\_\_\_\_

LOCAL HOSPITAL/S OF PREFERENCE :

\_\_\_\_\_

KNOWN ALLERGIES :

\_\_\_\_\_

MEDICAL ISSUES / HISTORY THAT EMERGENCY PERSONNEL SHOULD BE AWARE OF :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_