

# CONFIDENTIAL

## SANTA MARIA POLICE EXPLORER POST BACKGROUND INVESTIGATION STATEMENT

The information you provide in this personal history statement will be used in a background investigation to assist us in determining your eligibility for membership in the Santa Maria Police Explorers. Please fill out the questionnaire completely and accurately, keeping in mind that all statements are subject to verification. Deliberate inaccuracies or incomplete statements may result in immediate disqualification from this background investigation and render you ineligible for membership.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of circumstances and facts surrounding it, and its degree of relevance to the Explorer Program.

All information you provide in this packet is kept confidential. At the conclusion of the background investigation the Explorer Advisor who has conducted the investigation will contact you and discuss the results of the investigation as well as your eligibility for membership.



# SANTA MARIA POLICE DEPARTMENT

## EXPLORER POST 115

### REGISTRATION FORM

#### PERSONAL HISTORY STATEMENT

First Name Last Name Age

Sex Date Of Birth School Attending Grade  
 MALE  FEMALE EMAIL:

Other Names or AKA:

Mailing Address City Zip Code

Phone Numbers  
 Please check best phone number to contact you:  
 Home Phone  Work Phone  Cell Phone

Are you a legal Resident of this country?  YES  NO

Ethnicity (for statistical use only) please circle one  
 African American  Asian  Caucasian  Hispanic/Latino  Native American  Pacific Islander  Other

The following is for identification purposes only, please provide all information listed below:  
 Weight Height Hair Color Eye Color

Please list any Scars, tattoos, or other distinguishing marks on your body:

Do you have any allergies or use any medication?  YES  NO  
 If yes, please list all below:

Do you have any physical limitations?  YES  NO  
 If yes, please list all below:

#### EDUCATION INFORMATION

I currently attend high school  I possess a high school equivalency certificate  I possess a college degree  
 I possess a high school diploma  I attend college

Please indicate below all the schools you have attended beginning with Jr. High School. During the background investigation a review of your school records may be made. In the space provided include all schools attended in each category.

Junior High School	Address & Phone Number	Start Date	End Date
High School(s)	Address & Phone Number	Start Date	End Date
College(s)	Address & Phone Number	Start Date	End Date
Other School(s)	Address & Phone Number	Start Date	End Date

Have you ever been suspended or expelled from any school?  YES  NO  
 If yes, please explain why, included the school and circumstances:

List hobbies, special skills, and any abilities including memberships in any organization which may be relevant to the Explorer Program:

# PERSONAL HISTORY STATEMENT

Have you ever been convicted of a crime?  YES  NO

If yes, please explain and include the arresting agency, court jurisdiction, date and circumstances:

Were you ever required to appear before a court for an act which would NOT have been a crime if committed by an adult?  YES  NO

I.e. Curfew violation, truant etc. If yes, please explain and include the arresting agency, court jurisdiction, date and circumstances:

Have you ever been or are you on court probation, regular probation, or parole?  YES  NO

If yes, please provide jurisdiction, date and length of probation/parole:

Have you ever been reported to law enforcement as a missing person or runaway?  YES  NO

If yes, please explain (include reporting agency, date, and circumstance):

Are you currently, or have you ever been treated for a nervous or mental disorder?  YES  NO

If yes, please list date of occurrence, doctor, and if you took or are taking medication:

Are you currently, or have you ever tried or experimented with:

Alcohol	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Cocaine	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Tobacco	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Methamphetamine	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Marijuana	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Other drugs	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If you answered yes to any of these please give details (including dates, number of times, and circumstances):

Would any problem result if your present employer was contacted during the course of the investigation?  YES  NO

If yes, please explain:

Have you ever been fired or asked to resign from a place of employment?  YES  NO

If yes, please explain:

Do you object to wearing a uniform?  YES  NO

Do you object to working nights or weekends?  YES  NO

## FAMILY INFORMATION

**NOTE:** During the course of the background investigation we will be contacting some of the persons who's information you will be providing. Please provide complete information for these persons because we will need to call them and talk to them. We won't necessarily call every person you provide. When we speak with them we will be asking them questions about your integrity, honesty, your ability to act under stress, your interpersonal communication skills, if you have any drug history, and other questions pertaining to you eligibility to work as an Explorer.

### Father's Information

First Name & Last Name	Address	Phone Number
------------------------	---------	--------------

### Mother's Information

First Name & Last Name	Address	Phone Number
------------------------	---------	--------------

### Step Father's Information

First Name & Last Name	Address	Phone Number
------------------------	---------	--------------

### Step Mother's Information

First Name & Last Name	Address	Phone Number
------------------------	---------	--------------

### Brother/Sister's Information

First Name & Last Name	Address	Phone Number
------------------------	---------	--------------

### Brother/Sister's Information

First Name & Last Name	Address	Phone Number
------------------------	---------	--------------

### Brother/Sister's Information

First Name & Last Name	Address	Phone Number
------------------------	---------	--------------

### Brother/Sister's Information

First Name & Last Name	Address	Phone Number
------------------------	---------	--------------

## REFERENCES

The following personal references should be people you know such as your friends or peers who are about your age.

### Personal Reference

First Name & Last Name	Address	Phone Number
------------------------	---------	--------------

### Personal Reference

First Name & Last Name	Address	Phone Number
------------------------	---------	--------------

### Personal Reference

First Name & Last Name	Address	Phone Number
------------------------	---------	--------------

The following personal references should be ADULTS you know such as teachers from school, family friends, etc.

These references should not be relatives.

### Adult Personal Reference

First Name & Last Name	Address	Phone Number
------------------------	---------	--------------

### Adult Personal Reference

First Name & Last Name	Address	Phone Number
------------------------	---------	--------------

### Adult Personal Reference

First Name & Last Name	Address	Phone Number
------------------------	---------	--------------

## WORK HISTORY

Employer	Address	Phone Number
Dates Employed	Supervisor's Name	Job Title
Reason for leaving		
Employer	Address	Phone Number
Dates Employed	Supervisor's Name	Job Title
Reason for leaving		
Employer	Address	Phone Number
Dates Employed	Supervisor's Name	Job Title
Reason for leaving		

## VIDEO/PHOTO RELEASE

I understand that during the Learning for Life Program, Santa Maria Police Explorer Program, Santa Maria Police Department activities, my photograph and/or the photograph of my child may be taken by the learning for Life Program, Santa Maria Police Explorers, Santa Maria Police Department, producers, sponsors, media, organizer and/or assignees. I agree that my photograph and/or the photograph of my child, including video photography, film photography, or other reproduction of my likeness or the likeness of my child, may be used without charge by the learning for Life Program, Santa Maria Police Explorers, Santa Maria Police Department, producers, sponsors, organizers and/or it's assignees for such purposes as they deem appropriate.

## AUTHORIZATION TO TREAT A MINOR

I, the parent or legal guardian, of the child listed above, do hereby authorize and consent to any X-ray examination, anesthetic, medical, or surgical treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital or emergency care facility holding a current license to operate a hospital or emergency care facility from the State of California Department of Public Health. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable for my child. Further, I understand my child will be participating in inherently dangerous activities and agree to pay for my child's medical expenses. I understand that all effort shall be made to contact me prior to rendering treatment to my child, but any of the above treatment will not be withheld if I can not be reached. This authorization is given pursuant to the provisions of the California Civil Code.

## RELEASE FROM LIABILITY

In consideration of the acceptance of the application of my child, as a participant in any programs and/or activities of the Learning for Life Program, Santa Maria Police Explorer Program, Santa Maria Police Department and its member chapters, I and my child hereby agree to assume all risks attendant upon myself and my child while participating in any Learning for Life Program, Santa Maria Police Explorer program, Santa Maria Police Department programs and/or activities. I and my child hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I or my child may have, or which may hereafter accrue to me or my child, as a result of my child's participation in the Learning for Life program, Santa Maria Police Explorer program, Santa Maria Police Department program and/or activity. I agree to indemnify and hold harmless from liability the Learning for Life program, Santa Maria Police Explorer Program, Santa Maria Police Department its member chapters and/or any of their agents, servants, or employees by reason of any accident, death, injury, or damages, to persons or property which I or my child may suffer while participating in the Learning for Life program, Santa Maria Police Explorer Program, Santa Maria Police Department program and/or activity. This release is intended to discharge in advance the learning for Life program, Santa Maria Police Explorer Program, Santa Maria Police Department its member chapters and/or any of their agents, servants, or employees by reason of any accident, death, injury or damages to persons or property which I or my child may suffer, from and against any and all liability arising out of or connected in any way with my or my child's participation in the Learning for Life, Santa Maria Police Explorer Program, Santa Maria Police Department program and/or activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees, and the heirs and assignees of my child. I agree to assume all responsibility for any property damage or injury to any person caused by me or my child while participating in the learning for Life program, Santa Maria Police Explorer Program, Santa Maria Police Department program and/or

## RELEASE OF SCHOOL RECORDS

The Santa Maria Police Explorer Program is requesting access to view your child's school records. In doing so we will monitor their school attendance & grades. The Explorer program requires each participant to maintain a 2.0 GPA (C average), have no outstanding unexcused absences or tardies. Those who do not maintain a 2.0 GPA, will not automatically be disqualified from participating, they will be strongly encourage to reach the 2.0 requirement by attending after school tutoring. Please keep in mind that this is only a request to assist your child in achieving academic success.

I have read, understand and approve the AUTHORIZATION TO TREAT A MINOR, RELEASE FROM LIABILITY, VIDEO-PHOTO RELEASE and RELEASE OF SCHOOL RECORDS.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

As the participant, I certify that all information is true and complete to the best of my knowledge.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date