

**POLICE HELPING PEOPLE**

**MISSION STATEMENT**  
"We shall faithfully serve all people within our community with dignity, equality, compassion and respect. It is our fundamental goal to enhance the quality of life by providing a safe and secure community for all citizens. We shall honor the sacred public trust by adhering to the highest possible standards of performance and ethics."

**GULFPORT POLICE DEPARTMENT**

# GULFPORT POLICE EXPLORER POST

## Post 308 / 310





## Gulfport Police Department Law Enforcement Explorer Post 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 Gulfport Police Department appreciates your interest in service and commends your spirit to volunteer in our Explorer Post.

### PERSONAL INFORMATION:

Last Name	First Name	MI	Age	Place of Birth	Date of Application
Home address:		City	State	Zip	Date of Birth
Home Phone:    --    --		Alt. Phone:    --    --		Social Security # --    --	
Previous Address(es) Last Five Years					
,					
,					
,					

### CRIMINAL HISTORY AND DRIVING RECORD:

Do you have a Mississippi Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>	Mississippi Drivers License Number --    --
Has your license ever been suspended or revoked: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:	
Traffic citations and accidents for the past two years:	

### REFERENCES

References: **NO NOT USE FAMILY MEMBERS AS REFERENCES.** List two (2) individuals you have known for at least 3 years. (Please list name, complete address with zip code, and telephone number)

Name	Address	Zip Code	Phone #
1.	,		--    --
2.	,		--    --
3.	,		--    --
4.	,		--    --

### EDUCATION BACKGROUND AND MILITARY EXPERIENCE

Please check highest level of education completed:

Elementary (k-5)     Middle School (6-8)     High School (9-12)     Some College   
College Degree



High or Middle School Attending and Grade:	Address of school:
--	--------------------

**EMPLOYER HISTORY: (Please fill out completely) If you are retired please note "Not Applicable"**

Current Employer:	Occupation:	From Date:	To Date:
Business Address: (Including city state, and zip code)		Phone Number:	
		-- --	
Employment for past five years (Please include firm name, address, supervisor, dates):			
1.	,	From Date:	To Date:
Supervisor:			

**Tell us a little about you...**

What are your hobbies and interests?

Have you ever been suspended or expelled from school?

Have you ever been in Scouting before?

Is there anything that would prevent you from physical activities? i.e. heart trouble , asthma

Have you ever used any kind of illegal drugs within the past year? If so, What kind of Drug?

Do you have any medical conditions that would be a concern to the program?

Please briefly state why you wish to be Law enforcement explorer for the Gulfport Police Department. ( Use other sheet if necessary) ***This question must be answered.***

# EMERGENCY INFORMATION:

In case of emergency, please notify:

Name:

Address: ,

Relationship:

Day Phone and Night Phone

D:

-- --

N:

-- --

## TERMS AND SIGNATURE

As an explorer with the Gulfport 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 check.

I 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 Gulfport Police Department will not disclose any of my information to any outside entity without my written consent.

**I understand that the Gulfport Police Department will not have to disclose the reason, if any, for not being selected to the program.**

In signing, I do hereby certify that all information contained in this application is correct and accurate to the best of my knowledge. I further authorize the Gulfport Police Department to verify criminal history and driving records as part of the background process. If accepted to perform volunteer duties for the Gulfport Police Department, I understand I may be privy to confidential information and promise to respect and maintain all that confidentiality whenever presented with it.

Applicant Signature:

Date:

Parent Signature:

Date:



AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I respectfully request and authorize you to furnish the Gulfport 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 Record (attendance, performance, etc.)
- Polygraph Examination Results
- Criminal Records and Reports
- Education Records
- Military Records (disciplinary action)
- Information of a confidential nature or information considered as Privileged and Photostats of same, if requested.

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

This information is to be used to assist the Gulfport Police Department in determining my acceptance as a "Law Enforcement Explorer".

I hereby release 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 attempts 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 your files.

\_\_\_\_\_  
Printed Name (Applicant)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_  
Date of Birth                      S. S. N.

\_\_\_\_\_  
Race      Sex                      State and D.L. #

SUBSCRIBED AND SWORN TO BE ME on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(seal)

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_



**EXPLORER POSTAGREEMENT INCLUDING RELEASE AND INDEMNIFICATION**

WHEREAS, the City of Gulfport (hereinafter referred to as "CITY") consents and agrees to permit \_\_\_\_\_ (hereinafter referred to as "VOLUNTEER"), to participate in the Gulfport Police Department's Volunteer In Policing Program subject to the adherence of the VOLUNTEER to any provisions set out in the rules and regulations of the Gulfport Police Department.

NOW, THEREFORE, for and in consideration of the premises and the mutual promises, covenants, and agreements set forth in this Agreement, the CITY and VOLUNTEER agree that the CITY, its agents or employees, shall not be liable or responsible for, and shall be **SAVED, HELD HARMLESS, RELEASED and INDEMNIFIED** by VOLUNTEER from and against any and all suits, actions, losses, damages, claims, or liability of any character, type, or description, including but not limited to all expenses of litigation, court costs, and attorney fees for injury or death to any person, or damage to any property received or sustained by any person or persons or property arising out of, or occasioned by, directly or indirectly, the participation of VOLUNTEER in the Gulfport Police Department's Volunteer In Policing Program including claims and damages arising in whole or in part from the negligence of the CITY, its agents or employees.

IT IS THE EXPRESS INTENT OF THE PARTIES TO THIS AGREEMENT THAT THE INDEMNITY PROVIDED FOR IN THIS AGREEMENT IS AN INDEMNITY EXTENDED BY VOLUNTEER TO INDEMNIFY AND PROTECT THE CITY FROM ANY AND ALL CLAIMS OR ACTIONS, AS SET FORTH ABOVE, OF ANY KIND, ARISING DIRECTLY OR INDIRECTLY FROM THE PARTICIPATION OF VOLUNTEER IN THE PROGRAM, REGARDLESS OF WHETHER SUCH CLAIMS OR ACTIONS ARE FOUNDED IN WHOLE OR IN PART UPON ALLEGED NEGLIGENCE OF CITY, ITS REPRESENTATIVES, AGENTS OR EMPLOYEES.

It is further understood and agreed that the EXPLORER will participate solely as an individual on a voluntary basis and not as an employee, contractor or agent of the CITY or its agents or employees.

In making this Agreement, EXPLORER relies wholly upon his/her judgment, belief and knowledge and has not been influenced to any extent whatsoever by any representative or statements not contained in this Agreement.

Applicant's Signature				Date			
Address		City	State	Zip	D.O.B.	Social Security Number	
--	--	--	--	--	--	--	--
Telephone Number		Alternate Number		Emergency Number		Alternate Number	

Signature of Parent or Guardian If Applicant is a Minor