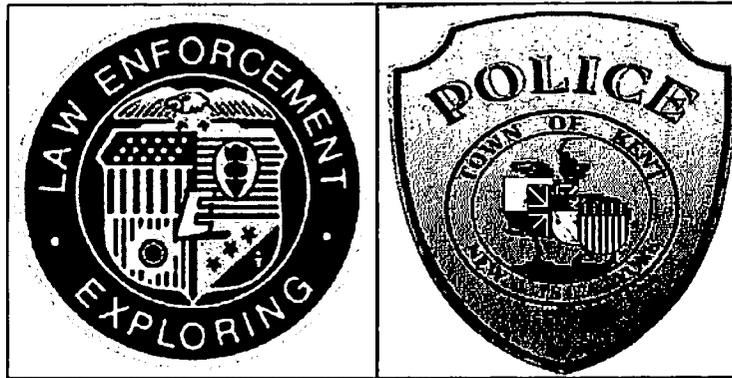


Town of Kent Police Department Explorer Program



APPLICATION



Town of Kent Police Explorer Program

845-225-4600



Dear Town of Kent Police Explorer Program candidate and parent,

Thank you for your interest in the Town of Kent Police Explorer Program. The intent of the Town of Kent Police Explorer Program is to educate and involve youth in law enforcement operations. The ability of the Town of Kent Police Explorer Program to be effective will in large measure depend upon the quality of the individuals involved. To be eligible for membership the candidate must:

- 1) Submit an application, a character reference, and participate in an interview;
- 2) Be a minimum age of 14, not exceeding the age of 20, enrolled in a public or private school;
- 3) Maintain a minimum 70 total average each quarter during the school year;
- 4) Not be placed on a school ineligibility list for academic performance; attendance or behavior.

Please carefully read and complete the attached application for membership. You must choose one former or current teacher to complete the character reference. The application and the character reference must be returned to the Town of Kent Police as soon as possible. Each candidate who submits a completed application and the character reference will be contacted for an interview.

Questions or concerns regarding the Town of Kent Police Explorer Program should be directed to PO Darren Cea, PO Brian Forde or PO Daniel Huestis at (845) 225-4600. The Town of Kent Police Explorer Program strives to secure a safe and productive community for the future of the Town of Kent. We look forward to your participation.

Respectfully,

Alexander Divernieri Jr.
Chief of Police



**Town of Kent Police
Explorer Program**
845-225-4600



APPLICATION FOR MEMBERSHIP

1) NAME, MAILING ADDRESS, PHONE NUMBER, E-MAIL

Last Name First Name M.I.

Street Address

City State Zip Code

Home Phone Number Cell Phone Number E-Mail

2) SOCIAL SECURITY NUMBER

_____*_____*_____
Social Security Number

3) AGE _____

4) DATE OF BIRTH

Month Day Year

5) SCHOOL _____

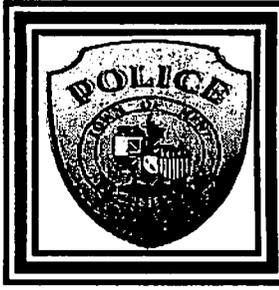
6) GRADE _____

7) DRIVER'S LICENSE NUMBER (if applicable)

Expiration Date



**Town of Kent Police
Explorer Program**
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8) MOTHER'S NAME: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL: _____

FATHER'S NAME: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL: _____

9) PHYSICIAN'S NAME: _____

PHYSICIAN'S PHONE: _____

10) LIST ANY ALLERGIES YOU MAY HAVE:

11) LIST ANY MEDICATIONS YOU TAKE REGULARY:

12) NAME AND PHONE NUMBER OF PERSON TO CONTACT IN AN EMERGENCY.

Name

Phone Number



**Town of Kent Police
Explorer Program**
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13) EMPLOYMENT (if applicable)

Current employer: _____

Address: _____

Phone Number: _____

Date employment started: _____

Job Title: _____

Describe your job responsibilities:

Supervisor's Name: _____

Hours per week you work: _____

List any other current or past employers below:

Employer:	Phone number:
_____	_____
_____	_____



**Town of Kent Police
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845-225-4600



14) References:

Please furnish two names and complete addresses with phone numbers of persons other than relatives who would serve as character references:

	Name	Complete address	Phone Number
1)	_____	_____	_____
2)	_____	_____	_____

Please submit the enclosed character reference form along with the application. The character reference form must be completed in ink, by one of your teachers.



Town of Kent Police Explorer Program

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CHARACTER REFERENCE

_____ is a candidate for membership of the Town of Kent Police Explorer Program. Please complete the character reference in ink. Indicate the degree to which the candidate possess each characteristic using the following rating scale.

- 1= NO BASIS FOR JUDGEMENT
- 2= DOES NOT DEMONSTRATE THIS CHARACTERISTIC
- 3= SOMETIMES DEMONSTRATES THIS CHARACTERISTIC
- 4= FREQUENTLY DEMONSTRATES THIS CHARACTERISTIC
- 5= STRONGLY DEMONSTRATES THIS CHARACTERISTIC

- | | |
|------------------------|------------------------|
| 1) LEADERSHIP _____ | 13) ENTHUSIAM _____ |
| 2) THRUSTWORTHY _____ | 14) UNSELFISH _____ |
| 3) RELIABLE _____ | 15) PERSONAL _____ |
| 4) LOYAL _____ | CONDUCT _____ |
| 5) HELPFUL _____ | 16) EFFORT _____ |
| 6) FRIENDLY _____ | 17) LISTENS WELL _____ |
| 7) COURTEOUS _____ | 18) FAIR _____ |
| 8) KIND _____ | 19) HONEST _____ |
| 9) FOLLOWS _____ | 20) RESPECTFUL _____ |
| DIRECTIONS _____ | 21) COOPERATIVE _____ |
| 10) CHEERFUL _____ | 22) DIGINTY _____ |
| 11) CONCERNED _____ | 23) INITIATIVE _____ |
| ABOUT APPEARANCE _____ | 24) JUDGEMENT _____ |
| 12) TACT _____ | 25) PREPARATION _____ |

COMMENTS: _____

I _____ affirm that the character reference has been completed to the best of my knowledge of the candidate _____.

Teacher's Signature: _____

Date: _____



Town of Kent Police Explorer Program

845-225-4600



HOLD HARMLESS AND RELEASE FORM

The undersigned, parents or guardians of _____, a member of the Town of Kent Police Explorer Program, Post No. 2563, hereby indemnifies and holds harmless the Boy Scouts of America, its agencies and employees; and the Town of Kent and its servants, agents, and employees, specifically including Any and all police officers or personnel involved with the supervision and control of the Town of Kent Police Explorer Post No. 2563 ; from any claims of any kind whatsoever or of any nature for injury to the person or damage to the property of _____ his/her parents, siblings or heirs. The indemnity and hold harmless agreement shall be considered a complete and total waiver of any and all liability on the part of the Town of Kent, its servants, agents, or employees, and particularly the police officers engaged in the supervision and control as set forth here in above.

Dated: _____

Signed: _____