

SANFORD POLICE DEPARTMENT 815 Historic Goldsboro Boulevard SANFORD, FL 32771



APPLICATION FOR PARTICIPATION IN YOUTH PROGRAMS

POLICE EXPLORERS:		SANFORD F.A.C.E.S. PROGRAM:		
1. Name:			Male:	Female:
(Last)	(First)	(Middle)		
2. Date of Birth:	Age:			
3. Address:				
4. Email Address:				
5. Home Phone:				
5. Your Present School:		_		
7. What grade are you in no	w? What is you	r grade-point average?		
3. Brief Statement on your g	grades:			
9. In case of emergency:				
(Mother's Name)	(Place of emp	ployment)	(F	Phone)
(Father's Name)	(Place of emp	ployment)	(P	hone)
(Other)	(Location)		(Phone)	

). Are you employed?			
. If so, by whom?			
(Con	npany)		
(Address)		(Phone)	
. Have you ever been arrested? Yes	□ No □		
(Charge)		(Department))
. List Three (3) references over the a	ge of 18 and not relatives.		
A			
(Name)	(Address)	(Phone)	(Relation)
B(Name)	(Address)	(Phone)	(Relation)
	(Address)	(Filolie)	(Relation)
C(Name)	(Address)	(Phone)	(Relation)
. Special Interest and activities:			
5. List other organizations/clubs:			
ANY FALSE	INFORMATION WILI	BE GROUNDS FOR DISMISSAL	
(Signature of Applicant) (I	Date)	(Signature of parent/legal guardian)	(Date)

PHYSICAL DESCRIPTION

Name:	Date of Birth:
Height: ft in.	Weight: lbs.
Color of Eyes:	Color of hair:
Do you wear glasses?	Contacts?
Race: Complexion:	<u> </u>
Build: Very small Small Medium Larg	ge 🗌 Very large 🔲
Allergies:	
I certify that all statements made by me are true to confidential.	the best of my knowledge; I also understand that this form will remain
(Date)	(Applicant Signature)
	· · · · · · · · · · · · · · · · · · ·
Approval of parent or guardian:	
(Parant or	Local Guardian Signatura)

MEDICAL RELEASE FORM

TO: Sanford Police Youth Activities 815 Historic Goldsboro Blvd Sanford, Florida 32771

I, the parent of a participant in the Sanford Police Explorers or Sanford F.A.C.E.S. programs, understand that due to many activities of Sanford Police Department Police Explorers or F.A.C.E.S. program and, I at time not being present to sign medical form for my child if an injury should occur do hereby give permission to any and all Sanford Police Officers to sign any medical forms necessary for medical treatment in my place that may be needed in case of an accidental injury to Participant				
I also release the Sanford Police stemming from any accidental in participant in the Sanford Police	jury that might	occur during the	time that my son/daug	ghter is a
Parent or Legal Guardian Signature				
Sworn to and subscribed before i	me this	day of	20	
Notary	-			
Commission Expires				

CITY OF SANFORD SANFORD POLICE DEPARTMENT RELEASE FORM

I, as the legal guardian and/or parent do hereby release an degree to hold harmless the City of Sanford, it's Officers, Employees, agents, etc. for any loss, cost, damage, or expense arising out of any accident or other occurrence causing injury to participating in activities arising from the Sanford Police Explorer or					
	aive all claims against the City, it's Officers, Employees, Agents, etc.,				
(Date)	(Signature of Applicant)				
(Parent of Legal Guardian Signature)					
Sworn to and subscribed before me t	his day of 20				
Notary					
Commission Expires					

Sanford Police Department 's Image and Technology Consent Form

nt Name:	Last Name	First Name	MI	D.O.B.
release along your child to	g with e-mail, electronic no participate in many of ou	etwork and Interned access	s permission. T nt. Please feel	e, video and web posting consent, waiver and the agency must have written permission for free to contact the Police Explorer Program
	k "Yes" or "No" for each has my		nd sign at the e	end of the document. My child
1. Be	photographed or videotape	ed for Sanford Police Acti	vities.	
the (We	images, or negatives, and e) consent to any non-com	waive any right to comper	sation for the p raphs, motion p	Police Department, Sanford Florida, all rights publication or other use of these materials. I pictures or video tapes or any duplication er.
Yes	S No			
2. Hav	e work published on the I	nternet web site, identified	by last name.	
Yes	s No			
3. Hav	ve his/her photo/video ima	ge published to Sanford P	olice Departmen	nt's social media, identified by last name.
Yes	s No			
I understand writing.	that this consent documen	nt remains in effect until su	ich time as the j	parent/guardian modifies the permissions in
Parent/Guard (please p	dian Name(s) print) Last Nam	e First Name	<u> </u>	M.I
Parent/Guard	dian Signature(s)			Date
D. C. C.	Signature			Date

SANFORD POLICE EXPLORERS AND SANFORD F.A.C.E.S. PROGRAM

Background Check Summary

Reference's Comments:		
1		
CAFÉ:		
FCIC/NCIC Criminal History:		
Background conducted by:		
Date:		
Approved for Participation:		
Program Manager or Senior Advisor:	(signature)	_
Link to complete CJIS Training sent:		-
	(date)	
CJIS Training completed:	(date)	

THE FOLLOWING ARE PERMISSIONS AND AUTHORIZATIONS <u>ONLY</u> FOR PARTICIPATION IN THE SANFORD POLICE EXPLORER PROGRAM

TRAINING RELEASE

giv	the parent or legal guardian of Police Explorer	-
Ex	Explorer program.	
1.	. Firearms Training knowing that my son/daughter will be handling a weapon. This activity will be conducted by certified firearms instructors and all necessary safety precautions will be maintained	
	(initial)	
2.	2. My son/daughter has my permission to rappel from a 40 to 75 foot tower to the ground with ropes This activity will be conducted by trained instructors and all necessary safety precautions will be maintained. Rappel: To descend down to the ground from the sheer side of a building by mea a double rope belayed above and arranged around the body so that he or she can control the sl downward.	ens of
	(initial)	
3	My son/daughter has my permission to view graphic media (which may include, but is not limite videos, crime scene photographs, etc.) in conjunction with their training from the Sanford Police Department / Sanford Police Explorers.	ed to
	(initial)	
Da	Date Signature of Applicant	
Wi	Witness Parent or Legal Guardian Signature	

CITY OF SANFORD SANFORD POLICE EXPLORERS ISSUED EQUIPMENT ACKNOWLEDGEMENT

I,, do hereby understand that all equipment issued to me by the Sanford Police Explorers is the property of the Sanford Police Department, and upon termination or suspension said equipment is to be turned in.
Failure to do so may result in legal actions being taken.
Signature of Applicant
Parent or Legal Guardian Signature

SANFORD POLICE EXPLORERS RIDE-ALONG WAIVER OF LIABILITY

STATE OF FLORIDA COUNTY OF SEMINOLE CITY OF SANFORD

KNOW ALL MEN BY THESE PRESENTS

That I, the undersigned consideration of the privilege of riding as a gue City of Sanford, Florida, and recognizing that rehereby agree to assume the accidents on either City of Sanford, it's Police Department, Agents from any and all claims, liability, suits, demand voluntary observer on police patrol or participal attended by the explorers.	outine police a public streets o s and Employee ds or causes of a	ctivity involves certain inherent dangers, do r private property, and do hereby release the es, in both their public and private capacities, action which may arise from riding as a
Signed, this the day of	20	
Signature		
Address		
City		
Telephone Number		
Signature of parent or legal guardian if observe	r is under eight	een (18) of age
Sworn to and subscribed before me this	day of	20
Notary		
Commission Expires		