COPPELL POLICE EXPLORER

RECRUIT ACADEMY

APPLICATION

Return this packet to:
Post Advisor-Officer T. Grisso
Coppell Police Department
130 Town Center Blvd.
Coppell, TX 75019

COPPELL POLICE EXPLORER RECRUIT ACADEMY

QUALIFICATIONS

Applicants for the Academy must meet the following requirements:

1. **AGE:** Must be 14 to 20 years of age. If the applicant is 14 years of age, they must have completed the 8th grade.

2. **CITIZEN:** Must be a U.S. citizen or legal resident.

3. **CITY/SCHOOL BOUNDARIES:** Applicants must live within the city limits of Coppell or live within the Coppell Independent School District boundaries or be the child of an employee of the City of Coppell.

4. **EDUCATION:** The applicant must be enrolled in a high school or accredited college/university.

5. **PERSONAL FITNESS:** The applicant must be of sound mental and physical health and possess no deficiency, which would deter them from a law enforcement career. Applicants also must be in excellent physical condition, with weight proportion to height and body frame. Applicants also understand they will be required to perform rigorous military-police style calisthenics and other forms of group exercises including but not limited to: running, push-ups, sit-ups, jumping, climbing, balancing, throwing, punching, kicking, etc.

6. **MEDICAL:** Pass a physician's or licensed health-care practitioner's medical evaluation and it be documented on an attached Medical form in this packet.

7. **CRIMINAL RECORD:** Have no record of arrest or conviction for criminal offenses Class B misdemeanor penalty group or higher, or some Class C misdemeanor penal law violations, involving moral turpitude. Also must not have more than three (3) moving Class C misdemeanor traffic violations and/or accidents during the past 24 months.

8. **BACKGROUND CHECK:** Applicants are required to pass an extensive background investigation including, but not limited to, contact with school officials, neighbors, family members, religious clergy and personal references, prior to acceptance into the academy. Applicants must not have any termination from any employment for any type of theft or deception. The applicant must also provide any personal social networking websites such as Facebook.com for review. Any material found in such sites that is considered offensive, vulgar, or reflects poorly on the character and moral of any such potential applicant may be cause for rejection.

9. **PERMISSION:** If the applicant is under eighteen (18) years of age, they must have written permission from their parents or legal guardians to participate in the Academy.

10. **WAIVER OF LIABILITY:** A hold-harmless and release waiver of liability form shall be completed by the parents or legal guardians and witnessed by a licensed notary public if the applicant is under 18 years of age or 18 years of age or older but still living at home. An applicant who is 18 years of age and not living at home may sign the form for themselves witnessed by a licensed notary public.

11. **ILLEGAL DRUG USAGE:** No illegal use, past or present, of drugs/alcohol.

12. **NON-DISCRIMINATION:** Color, race, religion, gender, sexual orientation, ethnic background, economic status are not criteria for participation in the academy program.

13. **CRIMINAL JUSTICE CAREER:** Applicants must have a desire in becoming future law enforcement professionals or having an interest in a career in the criminal justice (military, federal, state, and local) field.

14. **PAYMENT:** **Applicants must pay $100.00 dollars to the COPPELL POLICE EXPLORER POST#130**

COPPELL POLICE EXPLORER RECRUIT ACADEMY

APPLICATION INSTRUCTIONS

Instructions: Type or print legibly in black ink an answer to every question. If the question does not apply to you, put **"N/A"** in that space. Do not misstate or omit material fact since the statements made herein are subject to verification to determine your qualification for acceptance. If on any question you need more writing space to fully give your answer, attach extra pages. **Please submit this completed packet to the attention of Post Advisor-Officer T. Grisso, Coppell Police Department, 130 Town Center Blvd, Coppell, Texas 75019 by:**

PERSONAL INFORMATION

Full Legal Name: _____ Gender: Male / Female
Last Name / First Name / Middle Name / Suffix (Sr, Jr ,III etc.) *(Circle One)*

Name You Wish To Be Called: _____ U.S. Citizen: Yes / No Ethnicity: _____
(Circle One)

Date of Birth: ____/____/_____ Age: ____ Grade Level: _____ School:_____
Month Day Year *9,10,11,12,13,14*

Home Address: _____
Street & Apartment # / City / State / Zip Code – No P.O. Boxes

Applicants Home Telephone: (_____) _____ Applicants Cellular Number: (_____) _____

Applicants Email: _____

Applicants Facebook Account Name/Address:_____

Personal Websites or Blog websites:_____

Place of Birth: _____
City, County, State, Country

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Driver License Number: _____ State:_____ Class: ____ Expires: _____ Restrictions: ____

Social Security Number: _____-_____-_____
XXX XXX XXXX

T-Shirt Size: _____ **Pant Size: Waist: _____ Inseam Length _____**
(S, M, L, XL, 2XL, 3XL)

PHOTO IDENTIFICATION

Tape a (cut-out) color photocopy of
your driver license, identification card,
school id card, or a passport photo here.

COPPELL POLICE EXPLORER RECRUIT ACADEMY

FAMILY INFORMATION

Father's Name: _____ Date of Birth: ____/____/_____ Ethnicity: ____
Last / First / MI — *Month Day Year*

Home Address: _____
Street & Apartment # / City / State / Zip Code – No P.O. Boxes

Home Telephone: _____ Cell Number: _____Work Telephone: _____

Current Employer:_____ Job Title:_____

Mother's Name: _____ Date of Birth: ____/____/_____ Ethnicity:____
Last / First / MI — *Month Day Year*

Home Address: _____
Street & Apartment # / City / State / Zip Code – No P.O. Boxes

Home Telephone: _____ Cell Number: _____Work Telephone: _____

Current Employer:_____ Job Title:_____

Step-Father's Name: _____ Date of Birth: ____/____/_____ Ethnicity: ____
Last / First / MI — *Month Day Year*

Home Address: _____
Street & Apartment # / City / State / Zip Code – No P.O. Boxes

Home Telephone: _____ Cell Number: _____Work Telephone: _____

Current Employer:_____ Job Title:_____

Step-Mother's Name: _____ Date of Birth: ____/____/_____ Ethnicity: ____
Last / First / MI — *Month Day Year*

Home Address: _____
Street & Apartment # / City / State / Zip Code – No P.O. Boxes

Home Telephone: _____ Cell Number: _____Work Telephone: _____

Current Employer:_____ Job Title:_____

Siblings: Place in order by eldest in age. *(Examples: brothers, sisters, step-brothers/sisters, adopted brothers/sisters, etc.) Note: If you have more than four siblings, attach additional family information sheet(s).*

1. _____
Name Relationship Age School/Employer

2. _____
Name Relationship Age School/Employer

3. _____
Name Relationship Age School/Employer

4. _____
Name Relationship Age School/Employer

COPPELL POLICE EXPLORER RECRUIT ACADEMY

EMPLOYMENT INFORMATION

Are you currently employed or have ever been employed? Yes / No *(circle one)* *(If you answer "No" then skip this page.)*

Current Employer:

Business Name: _____ Your Job Title: _____

Employer's Address: _____
Street / Suite #/ City / State / Zip Code

Employer's Main Phone Number: _____ Your hired on date:_____/_____
Month *Year*

Supervisor's Name: _____ Supervisors Direct Phone Number: _____

General Job Description:_____
_____
_____

Previous Employer(s): *(start with the most recent employer, working backwards in time)*

Business Name: _____ Your Job Title: _____

Employer's Address: _____
Street / Suite #/ City / State / Zip Code

Employer's Main Phone Number: _____ Hired on date:_____/_____ End Date: _____/_____
Month *Year* *Month* *Year*

Supervisor's Name: _____ Supervisors Direct Phone Number: _____

General Job Description:_____
_____

Reason for Leaving:_____
_____

Business Name: _____ Your Job Title: _____

Employer's Address: _____
Street / Suite #/ City / State / Zip Code

Employer's Main Phone Number: _____ Hired on date:_____/_____ End Date: _____/_____
Month *Year* *Month* *Year*

Supervisor's Name: _____ Supervisors Direct Phone Number: _____

General Job Description:_____
_____

Reason for Leaving:_____
_____

Note: If you have more than two previous employers, attach additional employment information sheet(s).

COPPELL POLICE EXPLORER RECRUIT ACADEMY

EDUCATION INFORMATION

What school do you currently attend? *(circle one)*

Coppell High School
New Tech High@Coppell
College/University:_____
Other: _____

Have you ever been expelled from school? Yes / No *(circle one)*

Have you ever been suspended from school? Yes / No *(circle one)*

Have you ever been sent to an alternative school (ex: Victory Place/Compass/Turning Point)? Yes / No *(circle one)*

Have you ever been sent to an in-school suspension (I.S.S.)? Yes / No *(circle one)*

Have you ever been put on academic probation? Yes / No *(circle one)*

If you answered "Yes" to any of the above questions, explain the circumstances for each. Also list when and where it happened.

_____
_____
_____
_____
_____
_____
_____
_____

Have you graduated from high school with a diploma or G.E.D.? *(circle one)* Yes / No

If you answered "yes" to the previous question, what college/university are you currently enrolled in or will be enrolled in? _____

Are you planning on going to a college/university when you graduate from high school? *(circle one)* Yes / No

Are you planning on going into the military when you graduate from high school? *(circle one)* Yes / No

Are you planning on a career in the criminal justice field (Military, Federal, State, Local)? *(circle one)* Yes / No

Explain (using the lines below) what your possible career plan is.

_____
_____
_____
_____
_____
_____
_____
_____
_____

COPPELL POLICE EXPLORER RECRUIT ACADEMY

DRIVING HISTORY INFORMATION

Do you have or ever had a driver license/permit? *(circle one)* Yes / No

Driver License Number: _____ State:_____ Class: _____ Expires: _____ Restrictions: _____

List ALL "traffic" related citations/tickets; you have received within the last 24 months: *(start with the most recent)*

1. _____
Date of Charge *Location* *Agency* *Charge/Violation* *Disposition*

2. _____
Date of Charge *Location* *Agency* *Charge/Violation* *Disposition*

3. _____
Date of Charge *Location* *Agency* *Charge/Violation* *Disposition*

4. _____
Date of Charge *Location* *Agency* *Charge/Violation* *Disposition*

5. _____
Date of Charge *Location* *Agency* *Charge/Violation* *Disposition*

6. _____
Date of Charge *Location* *Agency* *Charge/Violation* *Disposition*

7. _____
Date of Charge *Location* *Agency* *Charge/Violation* *Disposition*

8. _____
Date of Charge *Location* *Agency* *Charge/Violation* *Disposition*

Has your driver license ever been suspended or revoked? *(circle one)* Yes / No

Have you ever had your auto insurance cancelled/denied by the insurance company? *(circle one)* Yes / No

Who is your current auto insurance carrier? _____

What is your auto insurance phone number? _____

What is your auto insurance policy number? _____

What is your auto insurance agents name? _____

VEHICLE INFORMATION

Please provide any vehicles (mopeds, motorcycles, cars, trucks, etc.) you drive/operate or own:

Vehicle 1: _____
Color *Year* *Make* *Model* *License Plate Number* *State*

Vehicle 2: _____
Color *Year* *Make* *Model* *License Plate Number* *State*

Vehicle 3: _____
Color *Year* *Make* *Model* *License Plate Number* *State*

Vehicle 4: _____
Color *Year* *Make* *Model* *License Plate Number* *State*

COPPELL POLICE EXPLORER RECRUIT ACADEMY

CRIMINAL HISTORY - ARREST OR DETENTION

1. **Have you ever been arrested or detained by a law enforcement agency?** *(circle one)* Yes / No
2. **Have you ever been charged with an offense?** *(circle one)* Yes / No
3. **Have you ever been questioned as a suspect involved in a crime?** *(circle one)* Yes / No
4. **Have you ever been fingerprinted by a law enforcement agency?** *(circle one)* Yes / No
5. **Have you ever been charged with any type of theft or stealing?** *(circle one)* Yes / No
6. **Have you ever been charged with any type of drug related offense?** *(circle one)* Yes / No

If you answered "Yes" to any of the above questions, explain in detail the circumstances behind it, when, where it occurred, and the disposition of the case. If you need more space to explain attach another copy of this sheet.

_____
_____
_____
_____
_____
_____
_____
_____

List ALL (non-traffic) related citations/tickets, ex: Disorderly Conduct, Public Intoxication, Drug Paraphernalia, etc.
(start with the most recent)

1. _____
Date of Charge *Location* *Agency* *Charge/Violation* *Disposition*

2. _____
Date of Charge *Location* *Agency* *Charge/Violation* *Disposition*

3. _____
Date of Charge *Location* *Agency* *Charge/Violation* *Disposition*

4. _____
Date of Charge *Location* *Agency* *Charge/Violation* *Disposition*

Have you or a family member been involved in a civil or criminal court action or lawsuit? *(circle one)* Yes / No
If you answered "Yes" to the above question, explain the circumstances.

_____
_____
_____
_____
_____

To your knowledge, has any member of your immediate family or close relative ever been arrested? Yes / No
If you answered "Yes" to the above question, explain the circumstances.

_____
_____
_____
_____
_____

COPPELL POLICE EXPLORER RECRUIT ACADEMY

MORAL CHARACTER

(circle one)

1. **Have you ever shoplifted or stolen anything of value?**.....Yes / No
2. **Have you ever consumed any alcoholic beverage(s) other than for religious reasons?**.....Yes / No
3. **Have you ever been intoxicated (drugs or alcohol)?**..... Yes / No
4. **Have you ever used a tobacco product under the age of 18?**..... Yes / No
5. **Have you ever lied to any person of authority?**.....Yes / No
6. **Do you use or have you ever used any illegal drugs?**..... Yes / No
7. **Have you ever driven a motor vehicle intoxicated or under the influence of drugs/alcohol?**..... Yes / No
8. **Have you ever physically assaulted anyone?**..... Yes / No
9. **Have you ever had sexual intercourse with a minor?** (A minor is a child not of legal age to consent.)…… Yes / No
10. **Have you ever been a victim of a serious criminal offense?**..... Yes / No
11. **Do you or have you ever had any affiliation with any racially-biased groups or street gangs?**..... Yes / No

If you answered "Yes" to any of the above questions, explain in detail the circumstances:

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COPPELL POLICE EXPLORER RECRUIT ACADEMY

BOY SCOUTS/GIRL SCOUTS

Have you ever been a member of the Boy Scouts or Girl Scouts? *(circle one)* Yes / No
If you answered yes, please list the troops/packs you were chartered with below:

_____
Troop/Unit Number *Council/District* *Chartered Organization* *Dates Attended*

Reason for leaving:_____

If you answered yes, what position(s) within the Troop/Unit have you held, please list below:
_____
_____

Have you earned the Eagle Scout or Gold Award? *(circle one)* Yes / No

If you answered "No" then what was or is your current highest level achieved?_____

If you answered "Yes" then when did you receive your Eagle Scout or Gold Award? _____

EXPLORERS

Have you ever been a member of any other Explorer Post's? *(circle one)* Yes / No
If you have answered "Yes," list all explorer posts you have been a member of:

1. _____
Post Number *Post District* *Agency* *Advisor's Name* *Dates Attended*

Reason for leaving: _____

2. _____
Post Number *Post District* *Agency* *Advisor's Name* *Dates Attended*

Reason for leaving: _____

Have you ever been suspended or expelled (kick-out) from an Explorer Post? *(circle one)* Yes / No
If "Yes," explain in detail the circumstances.
_____
_____
_____
_____
_____

RELIGIOUS AFFILATIONS

Are you a member of any religious organizations? *(circle one)* Yes / No

What religion do you belong to:_____

Can we contact your clergy/leader for a character reference? *(circle one)* Yes / No

If you answered "Yes" , please provide a name and phone number: _____

COPPELL POLICE EXPLORER RECRUIT ACADEMY

ORGANIZATIONS/CLUBS

Please list any organizations, clubs, associations, societies or groups you are a member of past or present.
Examples: Student Council, National Honor Society, Criminal Justice/Law Club, Sports Association, Martial Arts group, etc.

1. _____
Name of Organization | Type of Organization | Office Held(if any) | Dates

2. _____
Name of Organization | Type of Organization | Office Held(if any) | Dates

3. _____
Name of Organization | Type of Organization | Office Held(if any) | Dates

4. _____
Name of Organization | Type of Organization | Office Held(if any) | Dates

5. _____
Name of Organization | Type of Organization | Office Held(if any) | Dates

6. _____
Name of Organization | Type of Organization | Office Held(if any) | Dates

7. _____
Name of Organization | Type of Organization | Office Held(if any) | Dates

Have you ever actively participated in any community service projects? *If yes, give examples:*

_____
_____
_____
_____
_____

HOBBIES/ACTIVITIES

What are some of your hobbies or things you like to do in your spare time? *Some examples may be: fishing, hiking, camping, swimming, hunting, football, basketball, tennis, baseball, video games, scrapbooking, photography, art, music, etc.* Please list them below:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

MISCELLANEOUS INFORMATION

Are there any incidents in your life, which might require a further explanation that was not asked about in the previous pages? If so, please explain in detail.

_____
_____
_____
_____
_____
_____

COPPELL POLICE EXPLORER RECRUIT ACADEMY

REFERENCES

Please list five people that you personally know very well, that would speak to the Post Advisor about you. (Do not use direct family members, relatives, or clergy.) Also please ensure you have their permission to be contacted about being your reference.

1. _____
First Name, Last Name Relation to you

_____
Home Address: Street & Apartment # / City / State / Zip Code

_____
Home Telephone Cell Number Work Telephone

_____
Email Address Occupation Years Known

2. _____
First Name, Last Name Relation to you

_____
Home Address: Street & Apartment # / City / State / Zip Code

_____
Home Telephone Cell Number Work Telephone

_____
Email Address Occupation Years Known

3. _____
First Name, Last Name Relation to you

_____
Home Address: Street & Apartment # / City / State / Zip Code

_____
Home Telephone Cell Number Work Telephone

_____
Email Address Occupation Years Known

4. _____
First Name, Last Name Relation to you

_____
Home Address: Street & Apartment # / City / State / Zip Code

_____
Home Telephone Cell Number Work Telephone

_____
Email Address Occupation Years Known

5. _____
First Name, Last Name Relation to you

_____
Home Address: Street & Apartment # / City / State / Zip Code

_____
Home Telephone Cell Number Work Telephone

_____
Email Address Occupation Years Known

COPPELL POLICE EXPLORER RECRUIT ACADEMY

APPLICATION CERTIFICATE/BACKGROUND AUTHORIZATION

I hereby certify and warrant the answers I have made to each and all of the foregoing questions are true to the best of my knowledge and belief, in order that the officials of the Coppell Police Department may be fully informed as to my personal character and qualifications for the Law Enforcement Explorer Program-Recruit Academy. I refer to each of my former employers and to any other such person who may have information concerning me. I also authorize any background checks or juvenile records to be disclosed at my request.

As this information is furnished at my express request and for my benefit, I do hereby release them from any and all liability for damage or whatsoever nature an account of furnishing such information.

I also understand the importance of providing accurate information and I certify to the accuracy of the foregoing information and that I am in good health and know of no personal physical, behavioral, or mental limitations that would prevent my full participation in the Post activities (unless noted on the medical form).

I acknowledge that any false statement knowingly made or any omission in answering all the application questions is good cause for my removal from eligibility as an recruit applicant/explorer with the Coppell Police Department and my result in my discharge from the program. I further acknowledge that I am aware that once submitted, this application and any other records submitted becomes the property of the Coppell Police Department.

_____	_____	_____
Printed Name of Applicant	Signature of Applicant*	Date
_____	_____	_____
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
_____	_____	_____
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date

** If the Applicant is under 18 years of age or if older than 18 years of age but still living at home the parents/guardian must agree and sign this form. If only one parent has full custody of the applicant, documentation should be presented and attached.* ***Each signature must be witnessed by a licensed notary public!***

NOTARIZED - CERTIFICATE OF ACKNOWLEDGEMENT

STATE OF TEXAS
§
COUNTY OF _____

Before me, _____ **on this day personally appeared** _____
(insert notary public name) *(insert person's full legal name)*

known to me or proved to me on through _____ **to be the person whose name is subscribed**
(insert "Texas drivers license" and the number, example: Texas Driver License #12345678)

to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under the hand and seal of office, this ____ day of _____, 20_____.

PLACE NOTARY SEAL HERE

Notary Public Signature: _____

My Commission Expires: _____

Applicant Legal Name: _____ **Date of Birth:** _____
(First, Middle, Last) (MM/DD/YYYY)

HOLD-HARMLESS & RELEASE

(WAIVER OF LIABILITY)

I understand and agree that my participation or my child's participation in the Coppell Police Law Enforcement Exploring Program is completely voluntary even with monetary payment(s) for program participation. I also understand my child or myself (herein known as "applicant") are not employees of the City of Coppell. I also understand and agree that my child or I will not be covered by the City of Coppell health/accident insurance plan in the event of serious illness, sickness, exposure, contamination, personal injury, major trauma, hospitalization, or for emergency ambulatory transport services, but only by my own provided personal healthcare insurance plan. I further understand it will be my personal financial responsibility to maintain coverage for myself or for my child while participating in the Coppell Police Law Enforcement Exploring Program. I hereby waive all claims for personal damages, injuries of any kind, loss to my person or property or loss to my child's person or property, which may be caused directly or indirectly by an act or omission of the City of Coppell, Coppell Police Department, Boy Scouts of America (BSA), Learning for Life (LFL), Texas Law Enforcement Explorer Advisors Association (TLEEAA), it's agents, officers, officials, employees or representatives. I further release, hold harmless, indemnify, and forever discharge the City of Coppell, Coppell Police Department, Boy Scouts of America (BSA), Learning for Life (LFL), Texas Law Enforcement Explorer Advisors Association (TLEEAA) its agents, officers, officials, employees, or representatives for any and all injuries and damages including personal injury, death, property damages, liability, claims, suits, demands or causes of action, or expenses, including attorney's fees and costs of court actions, or cause of actions whether real or asserted, of every nature, kind and character whatsoever including acts of negligence and omission by the city, the police department, its agents, officials, employees, or representatives arising out of participating in the Coppell Police Law Enforcement Exploring Program, including the transport to or from Explorer activities or while participating in any explorer activities. I expressly assume the risk of all dangerous conditions or occurrences, which may be encountered while participating in or my child's participation in the Coppell Police Law Enforcement Explorer Program. I further waive any and all specific notice to the existence of any such conditions or occurrences. I also understand the Coppell Police Department, City of Coppell may grant my participation or my child's participation in an approved Ride-Along and/or other approved explorer activities including riding as a guest and voluntary observer in a police patrol vehicle, and to accompany an officer or officers of the Coppell Police Department on patrol in the exercise of their duties, and recognizing that police activity involves certain inherent dangers, including but not limited to: motor vehicle accidents, vehicular pursuits, foot pursuits, apprehension of suspects, answering calls for assistance from citizens and other officers, and the possibility of physical danger, harm, accidents, and injuries, do hereby agree to and assume any and all risks attendant to any incident, action, occurrence, or activity occurring on public, private, or other property, which affects myself or my child in any manner whatsoever and do hereby release the City of Coppell, it's officials, Coppell Police Department, officers, agents, employees and representatives, in both their public and private capacities, from any liability, claims, suits, demands, or causes of action which may arise in any manner whatsoever from riding with or accompanying an officer or officers of the Coppell Police Department as a guest and voluntary observer, including liability, claims, suits, demands or causes of action which arise from the negligence or acts of omissions of the City of Coppell, Coppell Police Department, Boy Scouts of America (BSA), Learning for Life (LFL), Texas Law Enforcement Explorer Advisors Association (TLEEAA), its officers, agents, officials, employees or representatives. I certify that I have read the foregoing instrument, that I understand its terms and conditions, and that I make this waiver voluntarily, and that I have not relied upon any representations made by the City of Coppell, or its officers, agents, officials, employees or representatives in signing this release. I further certify that I understand that in agreeing to this waiver of liability I am making a decision of substantial legal significance concerning my child or myself. I also certify I have read this Hold-Harmless & Release (Waiver of Liability) form. I understand and agree with the contents of this document by signing below, and I fully understand the contents, meaning and impact of this release. I understand I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____	_____	_____
Printed Name of Applicant	**Signature of Applicant***	**Date**
_____	_____	_____
Printed Name of Parent/Guardian (Father)	**Signature of Parent/Guardian (Father)**	**Date**
_____	_____	_____
Printed Name of Parent/Guardian (Mother)	**Signature of Parent/Guardian (Mother)**	**Date**

** If the Applicant is under 18 years of age or if older than 18 years of age but still living at home both parents/guardian must agree and sign this form. If only one parent has full custody of the applicant, documentation should be presented and attached.* ***Each signature must be witnessed by a licensed notary public!***

NOTARIZED - CERTIFICATE OF ACKNOWLEDGEMENT

STATE OF TEXAS
§
COUNTY OF _____

Before me, _____**on this day personally appeared** _____
(insert notary public name) *(insert person's full legal name)*

known to me or proved to me on through _____ **to be the person whose name is subscribed to the**
(insert "Texas drivers license" and the number, example: Texas Driver License #12345678)

foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under the hand and seal of office, this ____ day of _____, 20_____.

PLACE NOTARY SEAL HERE

Notary Public Signature: _____

My Commission Expires: _____

COPPELL POLICE LAW ENFORCEMENT EXPLORER PROGRAM

MEDICAL HISTORY - TREATMENT & RELEASE FORM

Name: _____ Date of Birth: _____ Sex:_____ Race/Ethnicity:_____
(Last, First, Middle) (MM/DD/YYYY)

Height:_____ Weight:_____ Hair Color:_____ Eye Color:_____ Email Address: _____
Address: _____ Home Phone: _____ Cell Phone: _____
Driver License #: _____ State:_____ Class: _____ Expires: _____ Social Security Number: _____
Medical Insurance Company: _____ Plan/Policy Number: _____

EMERGENCY CONTACTS: *(in order of preference)* *[ex: Mother/Father, Step-Mother/Father, Guardian, Siblings if older than 21]*

1. _____
Name Relationship Telephone

2. _____
Name Relationship Telephone

3. _____
Name Relationship Telephone

4. _____
Name Relationship Telephone

MEDICAL QUESTIONS: *(circle one)*

Are you allergic to anything? (foods, plants, medicines, insects, etc.)..... Yes / No
Do you have any serious medical problems?..... Yes / No
Have you ever been treated or being treated for any psychiatric or mental disorders/conditions?..... Yes / No
Is a doctor currently treating you?..... Yes / No
Do you take any prescription medications?..... Yes / No
Do you have or have had diabetes, epilepsy, convulsions, seizures or tuberculosis?..... Yes / No
Have you been in contact with or are you being treated for any infectious diseases?..... Yes / No
Do you have any heart problems, high blood pressure, or asthma?..... Yes / No
Have you ever been treated for cancer or leukemia?..... Yes / No
Have you ever been treated for kidney disease?..... Yes / No
Do you have hemophilia or any type of rare blood disease?..... Yes / No
Do you have any physical or behavioral conditions that may affect or limit full participation?..... Yes / No
Do you wear glasses, contacts or have had a vision corrective surgery?..... Yes / No
Do you have any hearing loss or are hearing impaired?..... Yes / No
Some activities involve extreme physical activities including being near or on/in water, or at high altitudes, high heights or around loud noises, or fast speed/movement. Do you have any diagnosed conditions or fears that may affect or limit full participation?..... Yes / No
Do you know how to swim? (If Yes, circle your proficiency: Beginner, Advanced, or Lifeguard)..... Yes / No

If you answered "Yes" to any of the above questions, explain in detail:

_____
_____
_____
_____

CONSENT TO MEDICAL TREATMENT:

In the event of serious illness or injury to me or to my son/daughter while involved in any explorer activity or ride-along, I/we hereby CONSENT to whatever emergency medical treatment, x-ray examination, anesthesia, medical or surgical diagnostic procedures or treatment that is considered reasonable and necessary in the best judgment of the emergency medical technician/paramedic and the attending licensed physician, and is performed under the supervision of a member of the medical staff of the hospital furnishing the medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me/us or an alternate member of the family will be attempted. It is also understood that in the event of a serious illness or injury, the applicant or the parental/guardian's personal medical insurance will be utilized to cover all costs, treatments, surgeries, medical care, and any other expenses involved in the recovery of the applicant. I am furnishing this information to be accurate to the best of my knowledge in order for medical personnel to be able to make informed medical treatments for my person.

_____ _____ _____
Parent/Guardian Printed Name (Note: Applicant may sign if over 18 and not living at home) Signature Date

PHYSICIAN OR HEALTH-CARE PRACTITIONERS MEDICAL EVALUTION:

Results of Examination: Applicant is allowed to participate in: ☐ All Physician Activities ☐ No Physical Activities ☐ Limited Physical Activities (see below)

List any Restrictions/Limitations: _____

Physician/Health-Care Practitioners Printed Name: _____ Office Phone: _____

Signature of Physician or Health-Care Practitioner: _____ Date: _____