



**Harris County Constable Pct 4
Explorer Post 26 and 901**

Harris County Constable Pct 4

Explorer Application

All pages must be completed in black or blue ink. All waivers must be signed to participate in the Explorer Program. Return this completed packet to the Post Advisor as soon as possible.

CONFIDENTIAL

.....
Do not write below this line
.....

Date Received _____

Signature _____

Equipment issued

Item	Date issued	Issued by	Explorer Initial

**Harris County Constable Pct 4
Explorer Application**

Name of Applicant _____

Date of Birth _____ Home Phone # _____

Please answer the following questions (Use the back of this sheet if you require more space)

Why do you want to become a Law Enforcement Explorer?

What fields of work are you interested in?

What qualities do you possess that will make you a good Explorer?

How did you find out about the Explorer Program?

Explorer Application

Harris County Constable Pct 4
Application and Personal History

Full Name _____

Race _____ Sex _____ Date of Birth _____

Address _____

City _____ Zip Code _____ Home Phone _____

Email address _____ Cell Phone _____

Drivers License/State ID number _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

School attending/graduated _____ Grade _____

Year graduated or projected year of graduation _____

Fathers Name _____ Phone _____

Address _____ City _____

Employer _____

Mothers Name _____ Phone _____

Address _____ City _____

Employer _____

Applicant Name _____

Health/Accident Insurance Company _____

Policy # _____

Personal Physician _____ Phone # _____

In case of emergency notify: (First contact)

Name _____ Relationship _____

Address _____ Phone # _____

List two others: (Second and Third contact)

Name _____ Phone # _____

Name _____ Phone # _____

Emergency Medical Information:

List any allergies known:

List any known medical or physical problems that may hinder the applicant's performance or become aggravated during activities in the Explorer program:

List any regular prescribed medications being taken by the applicant:

LEGAL HISTORY

If you have ever received a traffic citation list them below and give a detailed explanation of the disposition. If this section does not apply to the applicant indicate here ----- Does not apply.

Charge	City	Date	Disposition

List any criminal offenses that you have been handled for in which you were either a suspect or an actor. Give a detailed explanation of the disposition. (List dismissed, Teen court, community service, deferred adjudication, fine or imprisonment) If this section does not apply indicate here-----
 Does not apply.

Offense	City	Date	Disposition

To the best of our knowledge, the information entered into this packet is accurate and complete. We give our permission to contact any agencies necessary to confirm or refute any information placed on this application or that is learned about through the background investigation. We give our permission for full participation in any and all approved Explorer functions.

Parent/Guardian Signature _____ Date _____
Applicant Signature _____ Date _____

Harris County Constable Pct 4
Explorer Release

MEDICAL RELEASE

(Name of Applicant) _____ has my permission to participate in the Harris County Constable Pct 4 Exploring Program.

I know of no health or fitness restriction(s) that preclude his/her participation. In the event of illness or injury occurring to the applicant while involved in any activity, I consent to x-ray examination, anesthesia, medical, and/or surgical diagnostic procedures or treatment that is considered necessary in the best judgement of the attending physician and performed by or under the supervision of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, and I cannot be reached, I hereby grant the Harris County Constable Pct 4 permission to consent to necessary and appropriate medical treatment and that all reasonable efforts to reach me will be attempted.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

Home Phone # _____

Work Phone # _____

Pager # _____

Cell Phone # _____

Other Numbers _____

Health/Accident Insurance Company _____

Policy Number _____

Personal Physician _____

Phone # _____

**Harris County Constable Pct 4
Explorer Consent Form**

Statement of Consent and Limitation of Liability

(Name of Applicant) _____ desires to participate in a program being conducted by the department known as the Exploring Program.

In consideration of the permission granted to us by the Harris County Constable Pct 4, Harris County, Texas, to accompany, observe, and otherwise associate with peace officers and civilian employees of the Harris County Constable Pct 4 as part of the Exploring program, (I)/(We), hereby waive all claims of damages or loss to the above named person or property which may be caused directly or indirectly by an act or omission of the County Of Harris, the Harris County Constable Pct 4, their peace officers, agents, employees or civilians volunteering with the Exploring Program. (I)/(We) assume the risk of all-dangerous conditions or occurrences. (I)/(We) further release and forever discharge the County of Harris and the Harris County Constable Pct 4, their peace officers, agents, employees or civilian volunteers whether real or asserted, of every nature, kind, and character whatsoever arising out of said Exploring Program and do hereby covenant not to sue.

Signature of Applicant

Date

Signature of parent/guardian
Required if under 18 or living at home

Date

Harris County Constable Pct 4

**WAIVER OF LIABILITY AND RELEASE AGREEMENT
EXPLORER**

Please initial the applicable provision below:

I hereby acknowledge that:

_____ **Parent, guardian or managing conservator of minor:**

I am the parent/guardian/managing conservator of a participant less than 18 years of age in the County of Harris and Harris County Constable Pct 4 Exploring program. Said participant has my permission for the Harris County Constable Pct 4 to display photographic likenesses and editorials regarding the County of Harris, Texas Exploring program. I hereby waive all claims against the Boy Scouts of America, Learning for Life, the Texas Law Enforcement Explorer Advisors Association, Harris County Constable Pct 4, their officers, employees, volunteers, agents or representatives for misuse of any contents displayed on the Harris County Constable Pct 4 website by any other individual(s) not in conjunction with the Harris County Constable Pct 4, Texas. I hereby release and forever discharge the Boy Scouts of America, Learning for Life, Texas Law Enforcement Explorer Advisor Association, Harris County Constable Pct 4, Texas, their officers, employees, volunteers, agents, or representatives of and from all claims, demands and suits.

_____ **Participant who is 18 or older:**

I am a participant in the Harris County Constable Pct 4, Exploring program and am 18 years old or older. I give permission for the County of Harris, Texas to display photographs of my likeness and editorials regarding the Harris County Constable Pct 4, Texas Exploring program. I hereby agree to waive all claims against the Boy Scouts of America, Learning for Life, Texas Law Enforcement Explorer Advisors Association, Harris County Constable Pct 4, Texas, their officers, employees, volunteers, agents or representatives for misuse of any contents displayed on the Harris County Constable Pct 4 website by any other individual(s) not in conjunction with the Harris County Constable Pct 4, Texas. I hereby release and forever discharge the Boy Scouts of America, Learning for Life, Texas Law Enforcement Explorer Advisor Association, Harris County Constable Pct 4, Texas, their officers, employees, volunteers, agents, or representatives of and from all claims, demands and suits.

_____ **Participant under 18 who is not a minor:**

I am a participant at least 16 years of age in the Harris County Constable Pct 4 Exploring program and living separate and apart from my parents, managing conservator, or guardian, self-supporting and managing my own financial affairs, and a resident of Texas. I give my permission for the Harris County Constable Pct 4, Texas to display photographs of my likeness and editorials regarding the Harris County Constable Pct 4, Texas Exploring program. I hereby agree to waive all claims against the Boy Scouts of America, Learning for Life, Texas Law Enforcement Explorer Advisors Association, and the Harris County Constable Pct 4, Texas, their officers, employees, volunteers, agents or representatives for misuse of any contents displayed on the Harris County Constable Pct 4, Texas website by any other individual(s) not in conjunction with the County of Harris, Texas. I hereby release and forever discharge the Boy Scouts of America, Learning for Life, Texas Law Enforcement Explorer Advisors Association, Harris County Constable Pct 4, Texas, their officers, employees, volunteers, agents, or representatives of and from all claims, demands and suits.

I/we, the undersigned, have read and understand the above stated waiver of liability and release agreement and agree to it.

Printed name of Participant _____ Signature of Participant _____

Printed name of Parent/Guardian/Managing Conservator _____

Signature of Parent/Guardian/Managing Conservator _____

Address and Phone number of person who signed above _____

Date this document signed _____