

Family History:

11. List the following information for every living member of your immediate family (father, mother, brothers, and sisters):

Full Name	Relationship	Address & Phone (+area code)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Residences:

12. List the addresses of where you have lived in the past seven years, starting with the most recent:

Address	City & State	Dates at Residence
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Work History:

13. Are you presently employed? Yes _____ No _____
List the name, address, and phone number of your current employer and/or any previous work experience. Also include the nature of the position.

14. Have you ever been discharged, fired, or forced to resign from employment due to misconduct or unsatisfactory performance? Yes _____ No _____ If yes, please explain.

15. Do you object to wearing a uniform? Yes _____ No _____

16. Do you object to volunteering your time during the evenings and on weekends? Yes _____ No _____ Note that our explorers have to meet a monthly hour minimum; however, events oftentimes require that explorers be available from ten to twenty hours on top of that. Please be honest as to whether or not you are willing to dedicate your time to our program.

Education:

17. List all the schools you have attended (please include grammar and junior high or middle schools).

School Name	City & State	Dates Attended	GPA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18. Have you ever been expelled or suspended from any school or disciplined in any way (includes detention)? Yes _____ No _____ If yes, please explain below.

Criminal History:

19. Have you ever been stopped, questioned, or detained by the police? Yes _____ No _____

20. Have you ever been arrested? Yes _____ No _____

21. Have you ever been placed on probation, diversion, or a deferred sentence? Yes _____ No _____

22. Have you ever been required to pay a fine in excess of \$25.00? Yes _____ No _____

23. Have you ever been reported as a runaway or missing person? Yes _____ No _____

24. Have you ever purchased alcohol for yourself or anybody else? Yes _____ No _____

25. Have you ever used any type of illegal drug, including steroids, or consumed any alcohol? Yes _____ No _____

26. Have you ever sold any type of illegal drug, including steroids, or consumed any alcohol? Yes _____ No _____

27. Have you ever taken someone else's prescription medicine? When? What were the circumstances? Yes _____ No _____

28. If you answered "yes" to any of the criminal history questions, explain the circumstances below. Be very specific. **Don't assume that just because you may have done something wrong that you are automatically disqualified.** We want you to be honest and explain the nature of the situation.

Driving Record:

29. Do you currently possess a valid driver's license or instruction permit? Yes _____ No _____ If yes, please list the originating state and license number (referred to as the OLN on Washington licenses): _____

30. Have you ever been denied or refused a driver's license in any state? Yes _____ No _____ If yes, describe below.

31. Have you ever had your license suspended, revoked, or placed on probationary status? Yes _____ No _____ If yes, describe below.

32. Have you ever received a traffic citation? Yes _____ No _____ If yes, describe below.

33. Do you own a motor vehicle? Yes _____ No _____ If so, please list the year, make, model, and license number below. If not, do you anticipate any problems with transportation to meetings and/or events? Yes _____ No _____

34. Have you ever been involved in a motor vehicle accident? Yes _____ No _____

Was alcohol involved? Yes____ No ____ Include all minor collisions – even if the police did not respond. If yes, give specific details below. List the date, location, investigating agency, case number, and cause of accident below.

Medical History:

28. Do you have any physical ailments or handicaps that would affect your ability to perform as an active member of the explorer program? Yes _____ No _____ If you answered yes, describe below.

29. Please list your family doctor(s) below.

Name	Business address	Phone (+ area code)
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30. Please list below two people to contact in case of emergency.

Name	Relationship	Address & Phone (+area code)
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General Information:

31. In your own words, briefly explain your present occupational goals (i.e.—continued education and/or career plans).

32. In your own words, briefly explain why you want to become a member of the King County Sheriff's Explorer Program?

33. Below, please list three personal references that are *not* employers or relatives. Include *complete* addresses and telephone numbers.

Name	Relationship	Address & Phone (+area code)
_____	_____	_____
_____	_____	_____
_____	_____	_____

34. Have you ever been a member of a police or fire department explorer post or cadet program? Yes _____ No _____

35. Have you ever been denied acceptance to any explorer post or cadet program? Yes _____ No _____

36. Have you ever been disciplined, suspended, or forced to resign from any explorer post or cadet program? Yes _____ No _____

If you answered yes to any of the above questions, please explain the situation and list the name, agency, address, and phone number (+area code) of the post advisor(s).

Applicant & Applicant's parent(s) statement of commitment

If you or your child is accepted into the King County Sheriff/Maple Valley Police/Seatac Police explorer post you are expected to work community events including some that occur on school nights, weekends and holidays. Some of these events are mandatory to work due to the number of explorers required to accomplish the mission of the event and support the community.

Applicants are also expected to be at two meetings each month and successfully complete a one week Explorer Academy within the first year. Academies are offered twice a year, in the summer months and during winter break (December 26th through December 31st). Cost to attend each academy is about one hundred dollars.

Applicants and their parent(s), if applicant is under 18 years old, are required to sign below acknowledging they understand this and are willing to commit to the above expectations.

Applicant's Signature: _____

Print name: _____ Date: _____

Parent Signature: _____

Print name: _____ Date: _____

Parent Signature: _____

Print name: _____ Date: _____

3 Meeting dates: 1st _____ 2nd _____
3rd _____

**INFORMED CONSENT, RELEASE AND AGREEMENT TO HOLD
HARMLESS, INDEMNIFY, AND DEFEND**

King County, a charter county government under the constitution of the State of Washington, hereinafter referred to as "the County", maintains a Sheriff's Office through the authority of the County Executive and the Sheriff. In the regular course of providing police services in King County, the Sheriff's Office utilizes County vehicles both marked and unmarked in the field, the drivers of which from time to time are required to utilize such vehicles in an inherently dangerous manner.

I, (print name) _____ wish to be a passenger in a police vehicle for a shift(s) or portion thereof. I recognize I will be exposed, not only to the routine risks of vehicular travel, but as well to hazardous activity arising out of the rendition of police and emergency services, which could cause me property damage, personal injury, and/or bodily injury including death. For and in consideration of permission to be a passenger in a police vehicle, and the County relying materially thereon in granting such permission, I agree to release, forever discharge, and hold harmless the County, its officers, officials, employees, and agents from any liability or claim of liability which might arise out of my presence in a police vehicle and/or associated police activity, including without limitation any injury that might occur to me or may result from my dissemination of information which might be obtained or made known to me during this activity. I further agree to defend the County, its officers, officials, employees, and agents, at no cost to the County, against any claim of liability and/or cause of action asserted against them arising out of my presence in a police vehicle and/or associated police activity.

Signed _____ Dated _____

PARENT/LEGAL GUARDIAN PERMISSION AND ASSUMPTION OF LIABILITY

As Parent/Legal Guardian I, (print name) _____ hereby grant my permission for the above named minor child to participate in the above referenced activity. I acknowledge, agree, and understand that said participation involves risks and inherent dangers that may cause injury and/or death. On behalf of myself and the minor child above, I agree, release, and forever discharge King County and to assume the liability and obligations referenced above.

Signed _____ Dated _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

As the Passenger or the Parent/Legal Guardian of the above minor child I, (print name) _____ authorize qualified emergency medical personnel, including a physician and staff, to examine myself (Passenger) or the above named minor child in the event of injury and to administer emergency care and to arrange for any consultation by a specialist, including a surgeon as deemed prudent for proper care of any injury. In the case of a minor child, every effort will be made to contact the Parent/Legal Guardian prior to any treatment.

Signed _____ Dated _____

Address _____ Phone (_____) _____

Medical Insurance Information

The rendering of police and emergency services, as well as the routine risks of vehicular travel, may expose the participant to bodily injury. It is therefore important for the Sheriff's Office to have a record of all medical insurance provided to or maintained by each participant. King County Sheriff's Office also purchases insurance policies through the Washington Law Enforcement Advisor Association. Please see the Precinct Advisor for more information regarding this additional coverage.

List any medical insurance coverage obtained by you personally or provided to you by your (or your parents') employer. Please include all information requested below.

<u>Policyholder Name & Number</u>	<u>Medical Insurance Provider</u>	<u>Agent or Employer</u>	<u>Policy or Group Number</u>
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