## PORT HUENEME POLICE DEPARTMENT EXPLORER POST 9988 APPLICATION



#### WHAT IS LAW ENFORCEMENT EXPLORING?

THE LAW ENFORCEMENT EXPLORER PROGRAM IS AFFILIATED WITH THE BOY/GIRL SCOUTS OF AMERICA. THE

PROGRAM IS DESIGNATED FOR YOUTH INTERESTED IN PURSUING A CAREER IN LAW ENFORCEMENT. EXPLORING IS A

VOLUNTEER PROGRAM ALLOWING YOUTH TO PERFORM SOME LAW ENFORCEMENT FUNCTIONS.

#### WHAT ACTIVITIES DO THE LAW ENFORCEMENT EXPLORERS PERFORM?

RIDE WITH OFFICERS DURING ROUTINE PATROL PERFORM MANY CRIME PREVENTION FUNCTIONS

Work with other Law Enforcement Agencies

Receive training related to police work

PARTICIPATE IN SOCIAL COMMUNITY EVENTS

#### WHAT ARE THE QUALIFICATIONS TO BECOME AN EXPLORER?

14 TO 20 YEARS OF AGE MAINTAIN A 2.0 GRADE POINT AVERAGE (GPA) IN SCHOOL NO SERIOUS CRIMINAL HISTORY

GOOD DRIVING RECORD

NO SERIOUS HEALTH CONDITIONS

COMPLETION OF THE LAW ENFORCEMENT EXPLORER ACADEMY

## **RETURN ALL PAPERWORK TO THE PORT HUENEME POLICE DEPARTMENT 250 NORTH VENTURA ROAD, PORT HUENEME CA 93041**

# PORT HUENEME POLICE DEPARTMENT EXPLORER POST 9988 Application

TO THE APPLICANT:

This application will be part of a detailed investigation of your background. Type or print answers legibly in black ink. If you need additional space to answer a question, use an additional sheet of paper and attach it to the back of the application. Please no not leave any areas blank. If an area does not apply to you, type or write "n/a" (not applicable) in the space provided.

IF APPLICABLE, PLEASE ATTACH COPIES OF THE FOLLOWING:

BIRTH CERTIFICATE OR NATURALIZATION PAPERS DRIVER'S LICENSE SCHOOL TRANSCRIPTS, MOST RECENT REPORT CARD OR PROGRESS REPORT DIPLOMA OR G.E.D. CERTIFICATE

# PORT HUENEME POLICE DEPARTMENT EXPLORER POST 9988 APPLICATION

Last Name	First Name		MIDDLE NAME	
Address	Сіту	ZIP CODE	Home Phone	Cell Phone
YEARS AT RESIDENCE DATE OF BIRTH	Age	PLACE OF BIRTH	U.S. CITIZEN BY BIRTH OR	R NATURALIZATION
Height Weight	Hair	Eyes	Driver's License / Iden	TIFICATION NUMBER
Social Security Number	School Now At	TENDING	GRADE SCI	HOOL IDENTIFICATION NUMBER
COUNSELOR	COUNSELOR'S PHO	DNE	CREDITS IN PROGRESS GPA	
PLACE OF EMPLOYMENT	Position Held		SUPERVISOR'S NAME	
PLACE OF EMPLOYMENT ADDRESS	Сіту	ZIP CODE	PHONE	SUPERVISOR'S PHONE
Father's Name	Employer		Position Held	
Employer's Address	Сіту	ZIP CODE	Employer's Phone	Extension
FATHER'S ADDRESS	Сіту	ZIP CODE	Номе Рноне	Cell Phone
Mother's Name	Employer		Position Held	
Employer's Address	Сіту	Zip Code	Employer's Phone	EXTENSION
MOTHER'S ADDRESS	Сіту	ZIP CODE		Cell Phone

## **PORT HUENEME POLICE DEPARTMENT EXPLORER POST 9988 APPLICATION**

LIST ANY MEMBERS OF THE PORT HUENEME POLICE DEPARTMENT OR THE POLICE EXPLORERS YOU ARE ACQUAINTED WITH.

How did you learn about the Port Hueneme Police Explorer Program?

WHY DO YOU WANT TO BECOME AN EXPLORER OF THE PORT HUENEME POLICE DEPARTMENT?

HAVE YOU APPLIED FOR ANY OTHER LAW ENFORCEMENT POSITION IN THE PAST?	□ Yes	□ No
HAVE YOU EVER BEEN ARRESTED?	□ Yes	🗆 No
HAVE YOU EVER RECEIVED A TRAFFIC CITATION?	□ Yes	□ No

HAVE YOU EVER BEEN QUESTIONED BY POLICE?	] Yes
T (()) (()) ()	

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE SUPPLY THE FOLLOWING INFORMATION:

ES	INO	

Date	Agency	Charge	Penalty	Reason	
DATE	Agency	Charge	Penalty	REASON	
Date	Agency	Charge	Penalty	REASON	
Date	Agency	Charge	Penalty	REASON	
Date	Agency	Charge	Penalty	REASON	
DATE	Agency	CHARGE 4	PENALTY	REASON	

LIST FIVE PEOPLE, OTHER THAN FAMILY MEMBERS, WHO CAN PROVIDE A CHARACTER REFERENCE.

Name	Address	Рноле	Relationship	YEARS KNOWN
Name	Address	Phone	Relationship	YEARS KNOWN
Name	Address	Phone	Relationship	YEARS KNOWN
Name	Address	Phone	Relationship	YEARS KNOWN
N AME	Address	Phone	Relationship	YEARS KNOWN

I, THE APPLICANT, CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. FURTHER, I UNDERSTAND THAT IF ANY OF THE INFORMATION GIVEN IS FALSE, IT COULD PREVENT ME FROM GETTING ACCEPTED INTO THE PORT HUENEME POLICE EXPLORER PROGRAM.

APPLICANT'S SIGNATURE

PARENT / GUARDIAN SIGNATURE (MINOR ONLY)

Date

Date

**RETURN ALL PAPERWORK TO THE PORT HUENEME POLICE DEPARTMENT 250 NORTH VENTURA ROAD, PORT HUENEME CA 93041** 

## **AUTHORIZATION TO RELEASE INFORMATION**

As an applicant for a position within the Port Hueneme Police Department, I am required to furnish information for the use in determining my eligibility, fitness, moral, physical, and mental qualifications.

I HERBY AUTHORIZE THE RELEASE OF ANY AND ALL INFORMATION YOU MAY HAVE CONCERNING ME, INCLUDING BUT NOT LIMITED TO, INFORMATION OF A CONFIDENTIAL OR PRIVILEGE NATURE, OR ANY DATA OR MATERIALS WHICH HAVE BEEN SEALED OR UNDERSTOOD TO BE WITHHELD PURSUANT TO ANY PRIOR AGREEMENT OR COURT PROCEEDING INVOLVING DISCIPLINARY MATTER. SUCH INFORMATION MAY ALSO INCLUDE, BUT NOT LIMITED TO, PERFORMANCE EVALUATIONS, BACKGROUND INVESTIGATION REPORTS, POLYGRAPH EXAMINATION RESULTS, AND ANY AND ALL INTERNAL AFFAIRS INVESTIGATIONS, COMPLAINTS, OR GRIEVANCES FILED BY, OR AGAINST ME TO ANY DULY AUTHORIZED REPRESENTATIVE OF THE PORT HUENEME POLICE DEPARTMENT POSSESSING THIS RELEASE OR A PHOTOCOPY THEREOF.

I ALSO AUTHORIZE RELEASE OF INFORMATION CONCERNING MY HONESTY, INTEGRITY, AND FINANCIAL STABILITY, INCLUDING INFORMATION OBTAINED FROM, BUT NOT LIMITED TO, LANDLORDS, NEIGHBORS, AND RELATIVES.

I HERBY RELEASE, DISCHARGE, EXONERATE THE AGENCIES, THEIR AGENTS AND REPRESENTATIVES AND ANY PERSON FURNISHING INFORMATION FROM ANY AND ALL LIABILITY OF EVERY NATURE AND KIND ARISING OUT OF THE FURNISHING AND INSPECTION OF SUCH DOCUMENTS, RECORDS, AND OTHER INFORMATION, AND THIS RELEASE SHALL BE BINDING OF MY LEGAL REPRESENTATIVES, HEIRS, AND ASSIGNS.

This authorization or a photocopy of it, when presented in person by an official of the Port Hueneme Police Department or through the U.S. Mail, in conjunction with an official request, is valid if presented within one (1) year from the date indicated below, even though the said copy does not contain an original writing of my signature.

Applicant's Signature

Date

Applicant's Printed Name

PARENT / GUARDIAN SIGNATURE (MINOR ONLY)

Date

## **ADVISEMENT TO APPLICANTS**

A THOROUGH BACKGROUND INVESTIGATION ENTAILS INQUIRIES INTO THE FACTS SURROUNDING THE ACTS OR CONDUCT OF AN APPLICANT FOR EMPLOYMENT THAT BEARS A DEMONSTRABLE RELATIONSHIP TO THE APPLICANT'S FITNESS FOR EMPLOYMENT. THE PURPOSE OF A PRE-EMPLOYMENT BACKGROUND INVESTIGATION IS TO VERIFY THE APPLICATION YOU HAVE SUBMITTED, AND ANY STATEMENTS YOU HAVE MADE TO YOUR PROSPECTIVE EMPLOYER CONCERNING YOUR QUALIFICATIONS.

The California Courts have held that an employer has a legal duty to know the persons who it employs. In some cases, California law may mandate a Background Investigation before employment, while in other cases it is merely a case of public policy or prudence before placing someone in a position of public trust.

For some people, there may be one or more incidents or occurrences in their Background which they regret over which they may feel some embarrassment. A prospective employer will not make inquiries into areas of a person's background which have no legitimate bearing on their qualifications for the job. However, you should understand that the mere presence of so-called "negative" information in your Background is not automatically disqualifying. For example, an applicant may have engaged in petty thievery as a child, have used illegal drugs, may have been fired from a job or even have been convicted of a crime as an adult. While these things, in and of themselves, may not automatically remove that person from consideration for a job, **Lying about them will!** A pre-employment Background Investigation is not intended to be an intimidating experience or an unwarranted invasion of your privacy. Your Background Investigator will contact persons who know you, including present and / or former employers and will examine official documents and records concerning you to assure that you have been honest in your application, in order to fulfill the legal mandates imposed by the Courts and the Legislature. The more forthright you have been, the greater the likelihood that your Background can be completed in timely and successful manner.

#### CERTIFICATION

I understand that any false statements and / or deliberate misrepresentations, whether by omission or commission, will result in my application being automatically and irrevocably rejected from further consideration. I certify that I have read the above statement, understand its contents, and have been furnished a copy.

Applicant's Signature

Date

Applicant's Printed Name

PARENT / GUARDIAN SIGNATURE (MINOR ONLY)

Date

## **REQUIRED DOCUMENTS**

INSTRUCTIONS: PLEASE READ THESE INSTRUCTIONS CAREFULLY. YOUR ABILITY TO FOLLOW INSTRUCTIONS ACCURATELY AND IN A TIMELY MANNER IS PART OF THE BACKGROUND INVESTIGATION PROCESS. PLEASE NOTE THAT ALL THE ITEMS COVERED ON THIS LIST ARE YOUR RESPONSIBILITY TO OBTAIN AND SHOULD BE SENT TO THE ADDRESS INDICATED BELOW. IT MAY TAKE SEVERAL WEEKS TO ARRANGE FOR SOME OF THESE DOCUMENTS, SO BEGIN WORKING ON THEM AT ONCE! DO NOT DELAY AT COMPLETING YOUR PERSONAL HISTORY STATEMENT FORM OR OTHER APPLICATION MATERIALS WHILE WAITING FOR THESE DOCUMENTS!

THE FOLLOWING DOCUMENTS **MUST** BE CERTIFIED OR OFFICIAL COPIES WHICH BEAR A RAISED / ORIGINAL SEAL.

- □ OFFICIAL HIGH SCHOOL TRANSCRIPTS, WHETHER OR NOT YOU GRADUATED (AVAILABLE FROM THE HIGH SCHOOL, DISTRICT, OR DIOCESE RECORDS OFFICE)
- □ OFFICIAL COLLEGE TRANSCRIPTS FROM *EACH* COLLEGE AND UNIVERSITY YOU HAVE ATTENDED, WHETHER

OR NOT YOU GRADUATED.

The following documents should be attached to this application on their own sheets of paper.

- □ A COPY OF YOUR BIRTH CERTIFICATE (AVAILABLE FROM THE CITY / COUNTY REGISTRAR OF BIRTHS OR THE STATE VITAL STATISTICS OFFICER. NOTE: IF YOU WERE BORN OUTSIDE OF THE UNITED STATES, YOU WILL NEED TO SHOW EITHER YOUR ORIGINAL CERTIFICATE OF NATURALIZATION OR YOUR U.S. PASSPORT.]
- A COPY OF YOUR HIGH SCHOOL DIPLOMA, G.E.D. CERTIFICATE, OR CERTIFICATE OF HIGH SCHOOL PROFICIENCY
- □ A COPY OF YOUR SOCIAL SECURITY CARD
- □ A COPY OF YOUR CURRENT CALIFORNIA DRIVER'S LICENSE OR CALIFORNIA IDENTIFICATION CARD
- □ A COPY OF YOUR SCHOOL I.D. (IF IN HIGH SCHOOL)
- □ COPIES OF ANY OTHER CERTIFICATES, AWARDS, RECOGNITIONS, ETC. WHICH YOU WOULD LIKE TO CONSIDER.

#### ACKNOWLEDGMENT

I HAVE RECEIVED A COPY OF THIS FORM AND UNDERSTAND THAT IT IS <u>MY</u> RESPONSIBILITY TO ARRANGE FOR ALL OF THE DOCUMENTS ABOVE WHICH APPLY TO ME. FAILURE TO PROMPTLY ARRANGE FOR THESE DOCUMENTS WILL RESULT IN MY APPLICATION BEING DROPPED FROM CONSIDERATION FOR THIS POSITION WITH THE PORT HUENEME POLICE EXPLORERS.

Applicant's Signature

Date

APPLICANT'S PRINTED NAME

## **PRE-APPOINTMENT QUESTIONNAIRE**

**R**EAD AND ANSWER THE FOLLOWING QUESTIONS CAREFULLY AND HONESTLY. ANSWERS ARE SUBJECT TO VERIFICATION BY A POLYGRAPH EXAMINATION.

${f A}$ "yes" answer is not in and of itself grounds for disqualification, whereas an untruth	FUL
RESPONSE WILL BE.	

1. HAVE YOU EVER COMMITTED ANY OF THE FOLLOWING ACTS?

ARSON (INTENTIONALLY STARTING A FIRE)	$\Box$ Yes	□No
BURGLARY (ENTRY OF A BUILDING OR VEHICLE TO COMMIT A THEFT OR OTHER CRIME)	□ Yes	□No
ROBBERY (THEFT FROM ANOTHER PERSON USING A WEAPON OR FORCE)	□ Yes	□No
Homicide	$\Box$ Yes	□No
Petty Theft	□ Yes	□No
GRAND THEFT	□ Yes	□No
Forgery	□ Yes	□No
VANDALISM	$\Box$ Yes	□No
Illegal Gambling	$\Box$ Yes	□No
DRUNK IN PUBLIC	□ Yes	□No
Indecent Exposure	$\Box$ Yes	□No
Possess Alcohol as a Minor	$\Box$ Yes	□No
Possess or used an Altered I.D. or License	□ Yes	□No
Kidnapping	□ Yes	□No
Possess Stolen Property	□ Yes	□No
Domestic Violence	$\Box$ Yes	□No
EXTORTION (BLACKMAIL)	□ Yes	□No
Embezzlement (theft of Money or other valuables entrusted to you)	$\Box$ Yes	□No
RAPE (SEXUAL INTERCOURSE BY FORCE)	$\Box$ Yes	□No
ANY OTHER FORCIBLE SEX ACT (ORAL COPULATION, SODOMY, ETC.)	□ Yes	□No
Assaulted or hit another person	$\Box$ Yes	□No
Hit your Spouse, Girlfriend, boyfriend, etc.	$\Box$ Yes	□No
BEEN INVOLVED IN A FIGHT, WHETHER YOU STARTED IT OR NOT	□ Yes	□No
IF SO, CHECK THE APPROPRIATE BOX OF HOW MANY FIGHTS:		
$\Box$ 1-5 $\Box$ 6-10 $\Box$ 11-15 $\Box$ 16+		

IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS, EXPLAIN: \_\_\_\_\_\_

2. HAVE YOU EVER TAKEN, BORROWED, OR ILLEGALLY GIVEN AWAY MERCHANDISE TO FRIENDS, RELATIVES, OR CO-WORKERS WITHOUT PERMISSION AND FAILING TO RETURN THE MERCHANDISE, COMPANY PROPERTY, OR EQUIPMENT – INCLUDING MONEY?

IF YOU ANSWERED "YES" TO THE ABOVE QUESTION, PLEASE NAME WHAT WAS TAKEN AND ESTIMATE THE TOTAL DOLLAR

VALUE OF ALL SUCH MERCHANDISE, COMPANY PROPERTY, OR EQUIPMENT – INCLUDING MONEY.

Nаме	_	Estimate	DOLLAR AMOUNT
Name	_	Estimate	DOLLAR AMOUNT
Name	-	Estimate	DOLLAR AMOUNT
Ламе	_	Estimate	DOLLAR AMOUNT
NAME 3. HAVE YOU EVER ILLEGALLY USED OR EXPERIMENTE	— D WITH ANY OF THE FOLLOWING SUBSTANCES, E		DOLLAR AMOUNT
NARCOTICS? AMPHETAMINES Speed, uppers, ups, black beauties, pep pills, bumbli drivers, eye openers, cross tops, white crosses, cry bennies, dexies		□ YES	□ No
AMYL NITRITE POPPERS, SNAPPERS		□ YES	□ No
BARBITURATES Downers, Barbs, nimbies, nemmies, yellow, yellow birds, pinkies, pink ladies, rainbows, double troubl		□ YES	□ No
HASHISH Hash		□ Yes	□ No
HASHISH OIL Hash Oil		□ Yes	□ No
HYDROCARBONS / TOLUENE Solvents, Aerosol Sprays, Cleaning Fluids		□ YES	□ No
MARIJUANA BUD, ENDO, BOOM, POT, REEFER, GRASS, WEED, DOPE, GAN GOLD, JOINT, ROACH, TAI STICKS, DOOBIE	ija, Mary Jane, Acapulco gold, Columbian	□ YES	□ No

METHAMPHETAMINES CRYSTAL, METH, ICE, SPEED, CR	□ YES	□ No
METHAQUALONES Quaaludes, ludes, sopor	□ YES	□ No
NITROUS OXIDE Laughing Gas, Whippets	□ YES	□ No
STEROIDS		□ No
TETRATDROCANNABINOL THC	□ YES	□ No
COCAINE COKE, SNOW, NOSE CANDY, FLAKE, BLOW, BIG "C", LADY, WHITE, SNOWBIRD	□ YES	□ No
DESIGNER SYNTHETIC HEROIN, CHINA WHITE, NEW HEROIN, ECSTASY, XTC, ADAM, ESSENCE, PCPY, PCE, PCP	□ YES	□ No
HEROIN Smack, horse mud, brown sugar, junk, black tar, big "h", pure gram, cap, bindle, spoon, a fix	□ YES	□ No
LYSERGIC ACID LSD, ACID, MICRODOT, WHITE LIGHTING, BLUE HEAVEN, SUGAR CUBES, TABS	□ YES	□ No
MESCALINE MESC	□ YES	□ No
OPIUM Paregoric, Dover's powder, parepectolin	□ YES	□ No
PEYOTE BUTTONS, CACTUS	□ YES	□ No
PHENCYCLIDINE pcp, hog, angel dust, love boat, lovely, killer weed, whack, dust, sherms	□ YES	□ No
PSILOCYBIN Magic Mushrooms, Shrooms	□ YES	□ No
DEXTROMETHORPHAN DXM	□ YES	□ No

HAVE YOU USED ANY ILLEGAL	DRUGS IN THE LAST THREE YEARS?		□ Yes	□ No
Substance				DATE
4. Have you ever sold n	NARCOTICS OR DRUGS, INCLUDING M.	arijuana?	□ Yes	□ No
IF YOU ANSWERED "YES" TO T	HE ABOVE QUESTION, ANSWER THE I	FOLLOWING QUESTIONS:		
SUBSTANCE	NUMBER OF TIMES	Total Profit		DATE LAST SOLD
SUBSTANCE	NUMBER OF TIMES	TOTAL PROFIT		DATE LAST SOLD
SUBSTANCE	NUMBER OF TIMES	TOTAL PROFIT		DATE LAST SOLD
	IED, MANUFACTURED, POSSESSED, O THER ILLEGAL SUBSTANCE?	OR CULTIVATED ANY DRUG,	□ Yes	□ No
IF YOU ANSWERED "YES" TO T	HE ABOVE QUESTION, PLEASE NAME	THE SUBSTANCE(S) AND EXPLAIN		
SUBSTANCE	Explain			
SUBSTANCE	Explain			
6. Have you ever comm	ITTED ANY CRIMINAL ACTS NOT PREV	VOUSLY MENTIONED?	□ Yes	□ No
CRIMINAL ACT	 Explain			

7. HAVE YOU EVER BEEN ACCUSED OR BEEN THE VICTIM OF SEXUAL HARASSMENT OR DISCRIMINATION IN THE WORKPLACE?

 $\Box$  Yes  $\Box$  No

Explain

8. Have you ever associated with or know any members of any street gang or any oraganized crime group (including outlaw motorcycle groups or prision gang)?  $\Box$  Yes $\Box$  No

EXPLAIN

9. HAVE YOU EVER BEEN TO ANY FUNCTION WHERE STREET GANGS OR ORGANIZED CRIME GROUPS WERE PRESENT?

 $\Box$  Yes  $\Box$  No

Explain

10. Have you committed any dishonest act in order to obtain any position (i.e. submitting false or altered documents, etc.)?  $\Box$  Yes $\Box$  No

Explain

11. HAVE YOU EVER INTENTIONALLY OMITTED ANY FACTS, INFORMATION OR PROVIDED FALSE INFORMATION ON ANY JOB

Application?  $\Box$  Yes  $\Box$  No

Explain		
12. HAVE YOU EVER SOLICITED OR ATTEMPTED TO SOLICIT FOR PAID SEX?	Yes	No
Explain	 	
13. HAVE YOU EVER RECEIVED PAYMENT FOR A SEXUAL ACT?	Yes	No
Explain	 	
14. HAVE YOU EVER PARTICIPATED IN A SEXUAL ACT WITH AN ANIMAL?	Yes	No

Explain

15. HAVE YOU EVER BEEN REQUIRED TO REGISTER AS A SEX OFFENDER?			🗆 No
Explain			
16. HAVE YOU EVER BEEN CONVI	CTED BY A COURT OF LAW OR A MILITARY TRIBUNAL?	□ Yes	□ No
PLACE OF OFFENSE	Disposition	-	Date
Place of Offense	DISPOSITION	-	Дате
PLACE OF OFFENSE	DISPOSITION	-	Date
PLACE OF OFFENSE	DISPOSITION	-	Date
17. Have you ever used a Soci	IAL SECURITY NUMBER OTHER THAN YOUR OWN TO GAIN OR		
MAINTAIN EMPLOYMENT?		□ Yes	🗆 No
PUT ON PROBATION? Yes Explain 19. List all citations you hav	YE RECEIVED IN THE PAST SEVEN YEARS AND THE NATURE OF TH	HE VIOLATION.	
CITATION	Nature	Ī	Date
Citation	NATURE	- I	Date
Citation	NATURE	- I	Date
Citation	NATURE	Ī	Date
CITATION	NATURE	- I	Date
CITATION	NATURE	Ī	Date
CITATION	NATURE 14	Ī	Date

"I AM AWARE THAT ANY FALSE STATEMENT OR OMISSION ON THIS QUESTIONNAIRE MAY CAUSE MY NAME TO BE REMOVED FROM THE ELIGIBILITY LIST, OR BE CAUSE FOR IMMEDIATE DISMISSAL IF ANY APPOINTMENT WAS MADE."

Do you understand this admonishment	г?	□ Yes □ N	<b>1</b> 0
Do you have any questions about this A	ADMONISHMENT?	□ Yes □ 1	٩o
Applicant's Signature	Social Security Number		Date
Applicant's Printed Name			
Parent / Guardian Signature (Minor Only)			Date
Parent / Guardian Printed Name			

### Waiver of Liability, Release of Claims, and Indemnification

In consideration of admission in to the Port Hueneme Police Explorer program and permission to engage in Port Hueneme Police Explorer activities which further my or my child's education and knowledge of police activities;

I, the undersigned, hereby agree to indemnify and hold harmless the City of Port Hueneme, its officials, officers, employees, agents, and volunteers from any and all claims, injuries, or damages of any nature, sustained to my person or property which occur as a result of my, or my child's involvement in Port Hueneme Police Explorer activities including damage or injuries which occur while I or my child are accompanying members of the Port Hueneme Police Department as they conduct their official duties.

I further release and waive any and all claims and causes of action, including but not limited to actions based on negligence, which may arise against the City of Port Hueneme, its officials, officers, employees, agents and volunteers, as a result of any injury to my or my child's person or property which occur as a result of or during my or my child's involvement in Port Hueneme Police Department Explorer activity or while I or my child are accompanying members of the Port Hueneme Police Department during their official duties.

I further agree for myself, my heirs, executors, administrators, and assigns, to defend and indemnify the City of Port Hueneme, it officials, officers, employees, agents and volunteers, their sureties against any and all actions, suits, debts, claims, demands, damages, liability, or expenses of any kind incurred or arising by reason of any actual or claimed negligence or wrongful act or omission of mine or my child's while accompanying any City of Port Hueneme official, officer, employee, agent, and volunteer, or while engaging in any Port Hueneme Police Explorer activity.

All parties signing below endorse the preceding three paragraphs as their own and represent that the waiver of liability, release of claims, and indemnification is entered into a knowing and intelligent manner and pursuant to his or her free will.

APPLICANT'S SIGNATUR	RE:	
SIGNED THIS	DAY OF	, 20
WITNESSED:		
PARENT'S SIGNATURE: . (Legal Guardian)		

## Port Hueneme Police Department Hold Harmless Agreement

In consideration of the City of Port Hueneme granting the undersigned the opportunity to accompany an employee of the Port Hueneme Police Department in the performance of said employee's duties by riding with said employee in a city owned vehicle: and the undersigned, recognizing the fact that the duties of the officers of the city are inherently dangerous and that no duty is owed to the passenger while such employee is engaged in his or her official duties, hereby assumes all risks attendant upon such activity and agrees to hold the City of Port Hueneme, its officials, officers, employees, agents, and volunteers harmless from any and all claims which may arise as a result of the undersigned's accompanying said employee of the City of Port Hueneme.

	d yet desiring to accompany an day of	1 .	eneme Police Department, have
Signature:			
Print name:	Address:		
City:	, CA.		
Date of Birth:	Phone: (	)	

# THE REMAINDER OF THIS FORM MUST BE COMPLETED BY A PARENT OR GUARDIAN OF ANY PERSON WHO IS UNDER EIGHTEEN (18) YEARS OF AGE, OR WHO IS APPLYING TO BECOME A PORT HUENEME POLICE EXPLORER.

I, \_\_\_\_\_\_, the parent or legal guardian of the above names minor, (or Explorer Applicant), have read this hold harmless agreement and hereby consent to the minor/applicant accompanying a City of Port Hueneme employee by riding with the employee in a city owned vehicle and knowing of the risks involved and assuming same, hereby agree to hold the City of Port Hueneme and its officials, officers, employees, agents, and volunteers harmless from any and all claims which may arise as a result of the above minor/applicant accompanying said employee of the City of Port Hueneme.

Signature:			 
Address:			 
City:	, State:	Zip:	

Phone: (\_\_\_\_\_) \_\_\_\_\_

## **RETURN ALL PAPERWORK TO THE PORT HUENEME POLICE DEPARTMENT 250 NORTH VENTURA ROAD, PORT HUENEME CA 93041**

This Port Hueneme Police Department Explorer Post 9988 Application was updated on April 30<sup>th</sup>, 2017. This Application is subject to revision.