

Dear Explorer Applicant,

We are pleased that you have shown interest in the Miramar Police Department Explorer Program. The Explorer program is the best program that young men and women can become involved in to learn about a future in law enforcement. We hope that you will be able to attend our weekly meeting and become a member of this worthwhile and rewarding program.

The Miramar Police Explorer Program is set up as an introduction to various phases of law enforcement. It is sponsored by the Miramar Police Department and chartered annually through the Exploring/Learning for Life Division of the Boy Scouts of America. The program functions locally under the auspices of the local Boy Scout Council. The Miramar Police Explorer Program is directed by Miramar Police Department sworn personnel.

To begin the application process, please complete the enclosed application and bring it with you to one of our weekly meetings.

Explorer meetings are held on Thursday evenings from 6:00pm to 9:00pm. The meeting are held at the Miramar Police Department located at 11765 City Hall Promenade, Miramar, FL 33025

If you have further questions, please contact Sergeant Jason Sorrell, Post Advisor at 954-602-4181 or e-mail at [Explorers@MiramarPD.org](mailto:Explorers@MiramarPD.org)

Our website also contains information regarding our program. Please visit it at [www.MiramarPD.org](http://www.MiramarPD.org).

Sincerely,

*Sergeant Jason Sorrell*

Sergeant Jason Sorrell  
Head Post Advisor

## **A few things you should know about the Miramar Police Explorer post prior to joining:**

You must meet all of the requirements to join the Explorer Program prior to applying, such as: school grades, no serious arrests or convictions, good moral character, etc.

If accepted into the Explorer Program, you will be expected to maintain these standards throughout your stay in the Explorer Post. If you do not maintain these standards, you could be removed from the program.

If accepted in the Explorer Program, you will be required to purchase a uniform within one month of acceptance. The uniform will consist of black BDU pants, black boots, one nylon under-belt and one nylon duty belt. This uniform can be costly, therefore, until a uniform is acquired, you will be required to wear a white polo style shirt, black pants, and black shoes to meetings and trainings. Another part of the uniform that is considered mandatory is a small pocket notebook and two black ink pens, which will need to be purchased and be with you at every meeting unless instructed otherwise.

If accepted into the Explorer Program, you will be required to maintain good grooming standards on hair length and appearance, facial hair, and general appearance. These standards are to be met by the next meeting after you have been accepted. These standards will also be maintained throughout your stay in the Explorer Program or you could be removed.

**Each Explorer is expected to attend 80% of the weekly meetings and at least three (3) community events (details) throughout the year.**

As an Explorer, you will be required to accept constructive criticism and occasional discipline. The discipline for minor infractions may include, but is not limited to memos, pushups and/or running. You must be willing to accept and perform the assigned discipline when asked. Any occurrence of dishonesty, and/or deception is grounds for immediate termination from the Explorer Program.

The Miramar Police Explorer Program has and maintains high standards. We expect all of our members to be proud of who they are and proud to belong to this organization. We will not make exceptions to our high standards as we do have a reputation to live up to.

Therefore, if you do not feel that you are capable of following these simple rules and requirement, we suggest that you reconsider applying for this program. If you do feel that you can follow these rules and requirements, we invite and welcome your application to be a Miramar Police Explorer.

# MIRAMAR POLICE EXPLORER APPLICANT REGISTRATION FORM

## READ THE FOLLOWING INFORMATION CAREFULLY AND COMPLETELY

Those persons responsible for accepting applications into the Miramar Police Explorer Program will evaluate this registration form. It will be reviewed as part of a background investigation into your personal history.

All applicants are required to complete this registration form as part of the application process.

ANY FALSE, MISLEADING OR INCOMPLETE INFORMATION OR FAILURE TO FOLLOW INSTRUCTIONS LISTED BELOW WILL BE GROUNDS TO DISQUALIFY YOU FOR MEMBERSHIP IN THE MIRAMAR POLICE EXPLORER PROGRAM.

FOLLOW THESE DIRECTIONS CAREFULLY:

- Use black ink to complete this registration form.
- Complete the forms in your own handwriting. DO NOT TYPE.
- Read each question carefully.
- Answer each question accurately and completely.
- Answer all questions.
- If a question does not apply to you, write "N/A" in the box.
- If you need additional space, write answer on a separate piece of paper and attach.
- You must submit with this application a copy of your Birth Certificate, Drivers License (if applicable) and your most current report card.
- Before returning, make sure all required signatures are completed.

Events such as traffic tickets or Police interaction may not necessarily be a reason for not being accepted into the Explorer Program, but failure to provide complete disclosure of these past incidents will be grounds for refusal of admission to the program. Be completely honest in this application.

**MIRAMAR POLICE DEPARTMENT**  
**Police Explorer Program**  
**Post 747**

**Enrollment Application**

Name: \_\_\_\_\_ (Last, First)      DOB: \_\_\_\_\_

Address: \_\_\_\_\_ (Street)  
\_\_\_\_\_  
(City, State Zip Code)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Are you a United States Citizen: \_\_\_\_\_

If Naturalized, Give Date: \_\_\_/\_\_\_/\_\_\_ Social Security Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Sex: \_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
(Ex: 20/40)

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ (Street, City) Cell Phone: \_\_\_\_\_  
\_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ (Street, City) Cell Phone: \_\_\_\_\_  
\_\_\_\_\_ Work Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Name of SRO: \_\_\_\_\_ GPA: \_\_\_\_\_

How Did You Hear About Explorers? : \_\_\_\_\_

Were You Recruited? : \_\_\_\_\_ If Yes, By Whom? : \_\_\_\_\_

Have You Ever Been Suspended From School? : \_\_\_\_\_ If Yes, When and Why: \_\_\_\_\_

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Have You Ever Been Arrested? : \_\_\_\_\_ If Yes, When and Why: \_\_\_\_\_

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List Your Interests, Hobbies, Clubs, Activities, and Honors at School: \_\_\_\_\_

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Are You Planning a Career in Law Enforcement? : \_\_\_\_\_

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What Do You Feel You Can Bring To the Program and the Miramar Police Department? : \_\_\_\_\_

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Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Explorer Sergeant: \_\_\_\_\_ Date: \_\_\_\_\_

Explorer Captain: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

# Health History Questionnaire

Applicant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Answer the Following With Either a Yes or No to the Following Conditions You Have or Had:

\_\_\_\_\_ Asthma                      \_\_\_\_\_ Fainting Spells                      \_\_\_\_\_ Convulsions  
\_\_\_\_\_ Diabetes                      \_\_\_\_\_ Heart Problems                      \_\_\_\_\_ Bleeding Disorder  
\_\_\_\_\_ Allergies to Medication, Food, Insect, Etc. If Yes, Please List Which: \_\_\_\_\_

Do You Have Any Condition That Requires Regular Medication? \_\_\_\_\_

If Yes, Please Name Medication and How Often: \_\_\_\_\_

Do You Have Any Medical Conditions That Restrict You From Engaging in Physical Activities Such as Push Ups, Sit Ups, Jumping Jacks, Running and/or Heavy Lifting? : \_\_\_\_\_

Immunizations (List Date of Inoculation)

Tetanus Toxoid: \_\_\_\_\_ Diphtheria: \_\_\_\_\_ Polio: \_\_\_\_\_

Measles/Mumps/Rubella: \_\_\_\_\_ Pertussis: \_\_\_\_\_

## Medical Release

In the matter of \_\_\_\_\_, I/We know of no health or fitness restriction that precludes the participation in the Explorer program for Miramar Police Explorer Post #747, sponsored by the Miramar Police Department.

In the event of serious illness or injury to \_\_\_\_\_ while involved in this activity, I/We consent to emergency medical treatment, x-ray examination, anesthesia, medical or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the emergency medical technician/ paramedic and the attending physician, and is performed under the supervision of a member of the medical staff of the hospital furnishing the medical service.

It is understood that in the event of a serious illness/injury, reasonable efforts to reach me/us will be attempted.

### **Verification Statement**

I affirm that this registration form contains no misrepresentations or falsifications, omissions, or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this registration form are subject to later investigation. I am further aware that should any investigation disclose any misrepresentation, falsification, omission, or concealment or material fact, my application may be rejected and I will not be eligible to become an Explorer with the Miramar Police Department.

I realize that it is necessary for the Miramar Police Department to thoroughly investigate all aspects of my personal background in qualifications. By applying to be a volunteer with the Miramar Police Department, I expressly waive all my legal rights and causes of action to the extent that the Miramar Police Department investigation (for purposes of evaluating my suitability) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

The undersigned further agrees to hold harmless and release from liability, under any and all possible cause of action, the City of Miramar, the Miramar Police Department, their Officers, and employees for any statements, acts, omissions in the course of the investigation into my background, family, personal habits and reputation, and my mental and physical health.

I also agree to participate in the Explorer activities if accepted into the Miramar Police Explorer Post 747. I agree to exonerate and hold blameless the Chief of Police of the City of Miramar, its Officers, Advisors and Explorers in the event of any accident or injury which may occur as a result of my participating in the Exploring activities with this organization.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent Authorization

The information in this application is correct to the best of my knowledge, and the person herein described is authorized to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the Physician, selected by the representative of the Miramar Police Department (Adult Leader) to hospitalize, secure proper anesthesia, and/or to order injections for my son/daughter. I agree to exonerate and hold blameless the Chief of Police of the City of Miramar, its Officers, Advisors and Explorers in the event of any accident or injury which may occur as a result of my participating in the Exploring activities with this organization.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

**BEFORE ME**, an officer duly authorized by law to administer oaths and take acknowledgements personally appeared \_\_\_\_\_ as \_\_\_\_\_, and acknowledged he/she executed the foregoing agreement and that its contents are true and correct.

**IN WITNESS OF THE FOREGOING**, I have set my hand and official Seal in the County and State aforesaid on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Seal)

My Commission Expires: \_\_\_\_\_



**Miramar Police Explorers  
Post 747  
Activity Consent Form**

**Minor / Child**

In consideration of participation in the activities of the Miramar Police Explorer program, I, the undersigned parent or legal guardian of the minor / child, whose name appears below, waive and release any and all rights and claims for injury or damage and COVENANT NOT TO SUE the Miramar Police Department, the City of Miramar, its agents or employees and individual sponsors, including owners and drivers of vehicles used for travel on any trips sponsored by the Miramar Police Department, or any and all injuries sustained in sponsored events, including pre and post-event activities. Further, I hereby grant full permission to any and all of the foregoing to use photographs, videotapes, motion pictures, recording or any record of any event for any purpose whatsoever.

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Print Name of Minor / Child

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Signature of Parent or Legal Guardian

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Print Name of Parent or Legal Guardian

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Date

## Information Sheet

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Last Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Gender: \_\_\_\_\_ Date Joined: \_\_\_\_\_  
Shirt Size: \_\_\_\_\_ Pant Size: \_\_\_\_\_  
Cellular Phone #: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_- Home Phone #: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

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### Mother's Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Cellular Phone Number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_- Home Phone #: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

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### Father's Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Cellular Phone Number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_- Home Phone #: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

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### EMERGENCY CONTACT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Cellular Phone Number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_- Home Phone #: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

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**VOLUNTEER RELEASE AND WAIVER FOR MINOR AND REQUEST  
FOR PARTICIPATION IN PISTOL TEAM PROGRAM AND FIREARMS  
TRAINING AND HOLD HARMLESS AGREEMENT**

The undersigned, being the parent(s) or legal guardian(s) of Explorer \_\_\_\_\_ (first and last name), a minor under the age of 18 years, does hereby request that said minor be granted permission to participate in the Miramar Police Explorer's pistol team and to train with a certified Miramar Police Firearms Instructor. The above named minor is presently enrolled as a Police Explorer and the undersigned acknowledges that he/she will directly benefit by the experience obtained as a result of his/her participation in this Explorer Pistol Team Program.

The undersigned acknowledges that they are fully aware of the nature of the activities described therein. Furthermore, the undersigned realizes and appreciates the inherent dangers of firearms training and the possibility that situations may arise which could result in exposure to physical harm or injury, including but not limited to bullet ricochet and lead splatter. The undersigned, on behalf of the named minor, freely and voluntarily accept these risks.

In consideration of the City of Miramar granting my child permission to participate in the Pistol Team Program and Firearms Training, the undersigned give permission for my minor child, \_\_\_\_\_ to participate in the above activity and/or program and hereby agree to sign this Release and Waiver.

**NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN  
PURSUANT TO SECTION 744.301, FLORIDA STATUTES**

**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE  
AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY  
DANGEROUS ACTIVITY.**

**YOU ARE AGREEING THAT EVEN IF THE CITY OF MIRAMAR USES  
REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE  
YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING  
IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN  
THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED.**

**BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S  
RIGHT AND YOUR RIGHT TO RECOVER FROM THE CITY OF  
MIRAMAR IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH,  
TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE  
RISKS THAT ARE A NATURAL PART OF THE ACTIVITY.**

**YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND  
THE CITY OF MIRAMAR HAS THE RIGHT TO REFUSE TO LET YOUR CHILD  
PARTICIPATE IF YOU DO NOT SIGN THIS  
FORM.**

Accordingly, I/we, both individually and in the representative capacity of my child, agree to unconditionally release, waive, and discharge the City of Miramar, its Commission members, employees, agents, and servants, all hereafter referred to as "releasees," from all claims and courses of action, that I, my personal

representatives, assigns, heirs, and next of kin, may have for any loss, damage, or injury to person or property, whether caused by the negligence, or otherwise of the releasees. In addition, I agree to release against all claims, demands, and actions arising out of either my own and/or my minor child's actions or involvement with the City of Miramar.

I certify and warrant that my minor child is in good health and physical condition and is able to participate in the above activity and/or program. Additionally, I agree that my minor child will adhere to all applicable rules and regulations of the City of Miramar.

I have carefully read the foregoing release and waiver, including the statutory notice on the first page, and know the contents thereof. I understand the contents of this Release and Waiver and I am signing this Release and Waiver as my own free act.

I expressly agree that this Release and Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

In Witness Whereof, I have executed this Release and Waiver on \_\_\_\_\_ ,  
20\_\_\_\_\_

By: \_\_\_\_\_  
(Signature of Parent/Guardian)

By: \_\_\_\_\_  
(Printed Name of Parent/Guardian)

WITNESS: \_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Printed Name of Witness)

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing document/instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_, by \_\_\_\_\_ and \_\_\_\_\_, who is/are personally  
known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

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