



## Prince William County Police Department Explorer Post #1268 Application Form



### *Explorers Receive Training, Respect & Appreciation*

#### **Nature of Work**

The Explorer Program provides training and experience in law enforcement. Explorers will learn about law, court procedures, police patrol techniques and organizational skills. Included in their training, Explorers will get a chance to observe our Public Safety Communications Center and eligible Explorers (16 years or older) can participate in our ride-along program. The Explorer's most important job will be to use his/her learned skills to serve the community and its citizens in a positive manner. Explorers must uphold high standards of paramilitary discipline, respect, honor and dedication to excellence in all areas of their lives.

#### **Requirements and Necessary Documents**

To participate in the Explorer Program for the Prince William County Police Department, **all candidates must:**

1. Be at least 14 years of age (entering 9<sup>th</sup> grade), through 18 years-of-age (participants may remain in the program until their 21<sup>st</sup> birthday under special conditions).
2. Be a United States Citizen or lawful resident alien.
3. Have proof of active enrollment in school and maintain a 2.0 or higher GPA while in the program.
4. Be drug free, including tobacco and alcohol.
5. Have good moral character as determined by a background check and **must not** have a criminal or gang background or involvement.
6. Provide a copy of his/her birth certificate, photo ID (driver's license if applicable) and a copy of a parent/guardian driver's license.
7. Give a 100-percent commitment to attend mandatory meetings and assigned activities (at least two meetings a month).
8. Have 100-percent support from parents/guardians.

In addition, all candidates should provide a copy of a health insurance card/information for emergency situations, and should have a career interest in law enforcement, the criminal justice system and/or a community service-related field.

#### **Closing Date**

Open until positions filled.

#### **How to Apply**

Applications may be obtained at the two Police District Stations or by visiting our website at [www.pwcgov.org/police](http://www.pwcgov.org/police). Please forward completed applications in care of Explorer Post #1268.

Woodbridge — Gar-Field Sub-Station (Eastern District)  
15948 Donald Curtis Drive  
Woodbridge, VA 22191

Manassas — Western District Station  
8900 Freedom Center Blvd  
Manassas, VA 20109

#### **Questions?**

Contact the School Resource Officer at your high school or call (703) 792-5590.

The Prince William County Police Department is an equal opportunity agency and does not discriminate on the basis of age, color, disability, marital status, national origin, race, religion, sex or sexual orientation.



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***Please type or print clearly. Do not leave any field blank. Enter "n/a" if not applicable.***

|  |                        |                         |
|--|------------------------|-------------------------|
| <b>Position Applying For: Explorer</b> |                        |                         |
| Last name                              | First name             | Middle name             |
| Date of birth                          | Social Security Number | Date of application     |
| Mailing address                        | City and State         | Zip Code                |
| Home Phone Number                      | Work Phone Number      | Cellular / Pager Number |
| Email address                          |                        |                         |

|  |           |            |                        |
|--|-----------|------------|------------------------|
| Place of birth (county, state and country) | Race      | Sex        | Height (feet, inches") |
| Weight                                     | Eye color | Hair color |                        |
| List any scars, marks or tattoos           |           |            |                        |

|   |
|---|
| Are you related to anyone currently or formerly employed by the Prince William County Police Department? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, who? |
|---|

By signing this document, I certify that all of the information on this entire application is true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, or misrepresentation is sufficient cause for rejection of this application, removal of my name from consideration or dismissal from service. **I understand that Prince William County Police Department is a drug-free workplace and that all Explorers must be drug-free.**

I understand that this application is the property of the Prince William County Police Department and information contained herein is public record. I am also attesting that I understand and meet all of the minimum requirements of the position I am applying for as stated on the job announcement.

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Print/Type applicant's full name Signature Date

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Print /Type parent/guardian's full name Signature Date



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### Middle/High School Information:

|  |   |
|--|---|
| Are you currently enrolled in high school?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If you have graduated, provide the year   |
| Name of Middle/High school   | Middle/High school phone number   |
| Current grade level in school  | What is your cumulative G.P.A?  |
| What school will you attend next school year?  | Have you attended the Prince William Teen Academy? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| List any clubs or organizations of which you are a member or activities in which you participate       |   |

### College / University / Trade School Information:

|  |   |
|--|---|
| Are you currently enrolled?  | Full Time                      Part Time<br><input type="checkbox"/> <input type="checkbox"/> |
| Name of college or university  | School Phone Number   |
| Current level  | What is your G.P.A?   |
| Major course of study  |   |
| List any clubs or organizations of which you are a member or activities in which you participate   |   |
| If not in school, have you graduated high school....                      ...or do you have a GED?<br><div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span><input type="checkbox"/> Yes                      <input type="checkbox"/> No</span> <span><input type="checkbox"/> Yes                      <input type="checkbox"/> No</span> </div> |   |
| Describe your future educational plans   |   |
| List any and all certifications, qualifications or licenses in any area  |   |



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### Driver's License Information

|   |                                       |
|---|---------------------------------------|
| Do you have a valid driver's license?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, in which state was it issued? |
| Driver's license #  | Date of expiration                    |

### Employment History

Please list all full-time and part-time work experience. Start with the most recent related position and work back. Major changes in duties or job titles with the same employer should be listed as separate positions. Describe job duties in sufficient detail. Use additional sheets if necessary.

#### Most recent position:

|                            |                     |  |                |
|----------------------------|---------------------|--|----------------|
| Title of position          |                     |  |                |
| Employer                   |                     | Complete employer address                |                |
| Start date (MM/DD/YY)      | End date (MM/DD/YY) | Total time with employer (years, months) | Hours per week |
| Reason for leaving         |                     |  |                |
| Name / Title of supervisor |                     | Supervisor's telephone number            |                |
| Description of Job Duties: |                     |  |                |

#### Next most recent position:

|                            |                     |  |                |
|----------------------------|---------------------|--|----------------|
| Title of position          |                     |  |                |
| Employer                   |                     | Complete employer address                |                |
| Start date (MM/DD/YY)      | End date (MM/DD/YY) | Total time with employer (years, months) | Hours per week |
| Reason for leaving         |                     |  |                |
| Name / Title of supervisor |                     | Supervisor's telephone number            |                |
| Description of Job Duties: |                     |  |                |



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**Next most recent position:**

|                            |                     |  |                |
|----------------------------|---------------------|--|----------------|
| Title of position          |                     |  |                |
| Employer                   |                     | Complete employer address                |                |
| Start date (MM/DD/YY)      | End date (MM/DD/YY) | Total time with employer (years, months) | Hours per week |
| Reason for leaving         |                     |  |                |
| Name / Title of supervisor |                     | Supervisor's telephone number            |                |
| Description of Job Duties: |                     |  |                |

**Next most recent position:**

|                            |                     |  |                |
|----------------------------|---------------------|--|----------------|
| Title of position          |                     |  |                |
| Employer                   |                     | Complete employer address                |                |
| Start date (MM/DD/YY)      | End date (MM/DD/YY) | Total time with employer (years, months) | Hours per week |
| Reason for leaving         |                     |  |                |
| Name / Title of supervisor |                     | Supervisor's telephone number            |                |
| Description of Job Duties: |                     |  |                |





# Prince William County Police Department Explorer Post #1268 Application Form



## Parental & Emergency Information

### Parent / Guardian

|                             |                       |
|-----------------------------|-----------------------|
| Father's / Guardian's name: |                       |
| Home address                | City, State, Zip Code |
| Home phone                  | Work phone            |
| Cell Phone or Pager         |                       |

|                             |                       |
|-----------------------------|-----------------------|
| Mother's / Guardian's name: |                       |
| Home address                | City, State, Zip Code |
| Home phone                  | Work phone            |
| Cell Phone or Pager         |                       |

### Emergency Contact Information

In the event of an emergency and the parent/guardian is unavailable, please list two individuals to be contacted:

|                              |                       |
|------------------------------|-----------------------|
| Contact #1 and relationship: |                       |
| Home address                 | City, State, Zip Code |
| Home phone                   | Work phone            |
| Cell Phone or Pager          |                       |

|                              |                       |
|------------------------------|-----------------------|
| Contact #2 and relationship: |                       |
| Home address                 | City, State, Zip Code |
| Home phone                   | Work phone            |
| Cell Phone or Pager          |                       |



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*Prince William County Police Department is an equal opportunity agency and does not discriminate on the basis of age, color, disability, marital status, national origin, race, religion, sex or sexual orientation. As a precautionary measure, the following information is requested to ensure the well-being of the applicant.*

### Applicant's Medical History

|               |                        |             |     |
|---------------|------------------------|-------------|-----|
| Last name     | First name             | Middle name |     |
| Date of birth | Social Security Number | Race        | Sex |
| Home address  | City and state         | Zip Code    |     |

### Medical Information

|                                     |              |               |
|-------------------------------------|--------------|---------------|
| Health / Accident Insurance Company | Phone Number | Policy Number |
|-------------------------------------|--------------|---------------|

Are you now, or have you ever been, subject to (please check yes or no):

Asthma       Yes    No    Fainting Spells    Yes    No    Convulsions       Yes    No

Diabetes       Yes    No    Heart Trouble    Yes    No    Bleeding Disorders    Yes    No

Allergy (ies) to any medication, food, plant, insect bite or other material or substance    Yes    No

If you answered yes to any of the above, please list the allergies:

Do you have any condition that may require special care, medication, or diet?    Yes    No

If you answered yes to the above, please explain:

Are you taking any medication?    Yes    No

If you answered yes to the above, please explain:

Are there any restrictions placed on you for any reason, including medical?    Yes    No

If you answered yes to the above, please explain:



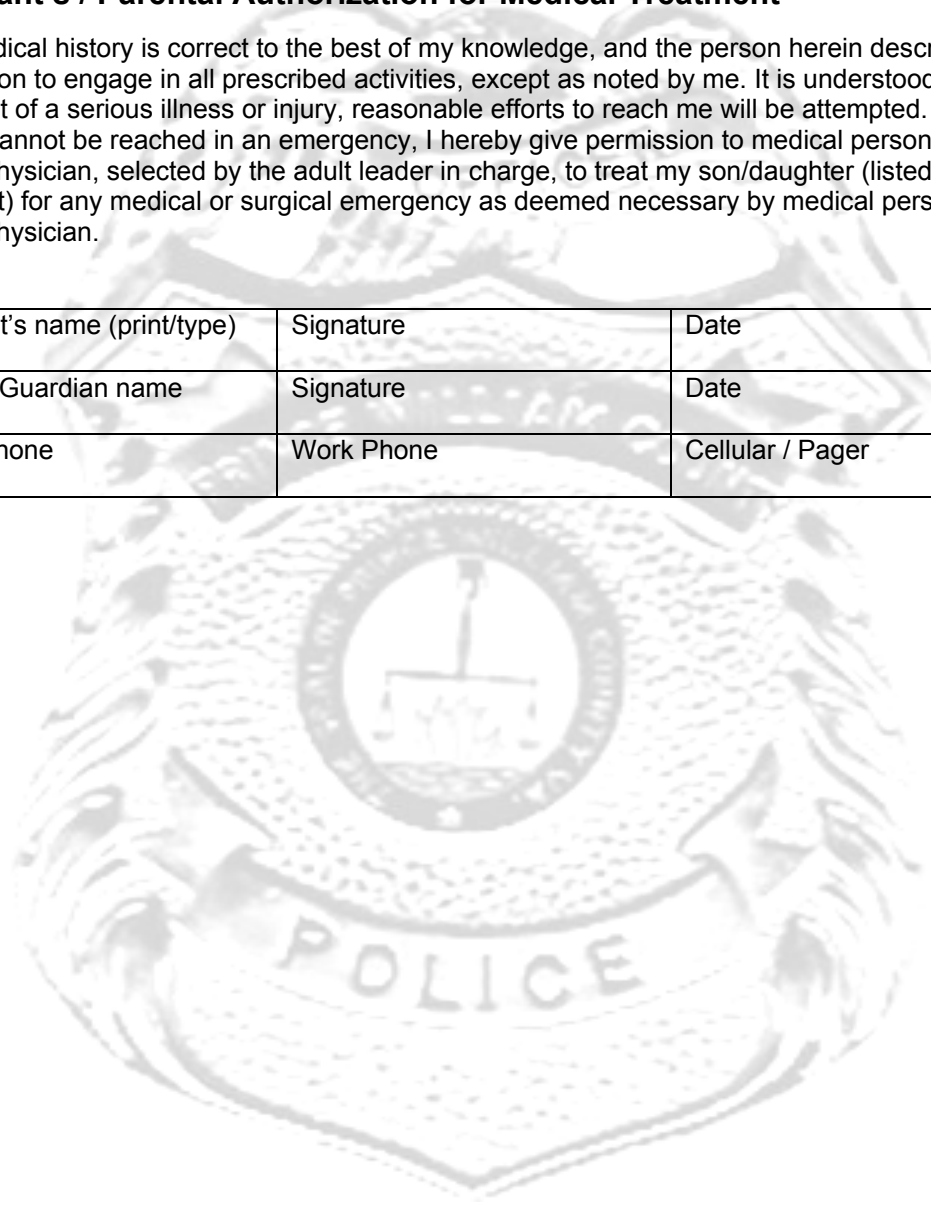
## Prince William County Police Department Explorer Post #1268 Application Form



### **Applicant's / Parental Authorization for Medical Treatment**

This medical history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed activities, except as noted by me. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted. In the event I cannot be reached in an emergency, I hereby give permission to medical personnel and/or physician, selected by the adult leader in charge, to treat my son/daughter (listed applicant) for any medical or surgical emergency as deemed necessary by medical personnel and/or physician.

|                               |            |                  |
|-------------------------------|------------|------------------|
| Applicant's name (print/type) | Signature  | Date             |
| Parent / Guardian name        | Signature  | Date             |
| Home Phone                    | Work Phone | Cellular / Pager |





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## HEPATITIS B VACCINATION NOTICE

*As a precaution, adult volunteers and youth participants should consider getting a hepatitis B vaccination. The cost of the shots will not be borne by Prince William County Police Department. The vaccination is recommended, however, if any adult volunteer or youth participant declines vaccination, a HEPATITIS B DECLINATION FORM shall be on file with the Prince William County Police Department.*

I have been vaccinated for the hepatitis B virus (HBV).  
(A parent or legal guardian must also sign if participant is under 18 years of age.)

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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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

## HEPATITIS B VACCINATION DECLINATION

I understand that due to my voluntary participation in Exploring activities, I may be exposed to blood and other potentially infectious materials and may therefore be at risk of acquiring hepatitis B virus (HBV) infection. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccination, I continue the risk of acquiring hepatitis B, a serious disease.

I decline hepatitis B virus vaccination at this time.  
(A parent or legal guardian must also sign if participant is under 18 years of age.)

---

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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



## Prince William County Police Department Explorer Post #1268 Application Form



### References

To be considered for participation in the Prince William County Police Explorer Program, applicants must submit names of two references. References must provide written recommendations as to the applicant's character, community involvement, and sports or club affiliations. Examples for reference persons include: School teachers, administrators, guidance counselors, community leaders, police officers, and clergy.

|                     |                |
|---------------------|----------------|
| Reference #1 Name:  |                |
| Position or Title : | Phone Number : |
| Comments:           |                |
|                     |                |
|                     |                |
|                     |                |
|                     |                |
|                     |                |
|                     |                |
|                     |                |
|                     |                |
| Signature:          | Date :         |

|                     |                |
|---------------------|----------------|
| Reference #2 Name:  |                |
| Position or Title : | Phone Number : |
| Comments:           |                |
|                     |                |
|                     |                |
|                     |                |
|                     |                |
|                     |                |
|                     |                |
|                     |                |
|                     |                |
| Signature:          | Date :         |



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### Personal Statement

Please write a short summary of why you wish to be considered for membership in Explorer Post #1268. Attach additional sheets if necessary.

I certify that the answers that I have made to each and all of the questions are true and complete to the best of my knowledge and belief. I agree and understand that any misstatements of material facts contained herein will be cause for forfeiture on my part to all rights to membership in the Prince William County Police Department Explorer Program.

I hereby authorize Prince William County to verify any and all facts listed on this application, and to contact any references I have listed.

|                        |
|------------------------|
| Signature of applicant |
|------------------------|

|      |
|------|
| Date |
|------|

As the parent/guardian of the applicant (if under 18) applying for membership to the Prince William County Police Department Explorer Program, I hereby give my permission for my child to become a member of the Prince William County Police Department Explorer Program.

|                                |
|--------------------------------|
| Signature of parent / guardian |
|--------------------------------|

|      |
|------|
| Date |
|------|



# Prince William County Police Department Explorer Post #1268 Application Form



## HOLD-HARMLESS AND RELEASE FORM

The undersigned, and the parents or guardians of \_\_\_\_\_, a participant of Prince William County Law Enforcement Explorer Post 1268, hereby indemnifies and holds harmless Prince William County, Prince William County Police Department, its agencies and employees, specifically including any and all police officers or personnel, including volunteers, involved with the supervision and control of Prince William County Law Enforcement Explorer Post 1268 from any claims of any kind whatsoever or of any nature for injury to the person or damage to the property of \_\_\_\_\_, his or her parents, siblings or heirs. This indemnity and hold-harmless agreement shall be considered a complete and total waiver of any and all liability on the part of Prince William County, its servants, agents, employees or volunteers and particularly the police officers engaged in the supervision and control as set forth herein above.

\_\_\_\_\_  
Signature of PWC Explorer Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name of PWC Explorer

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date \_\_\_\_\_  
*(if Explorer is under the age of 18)*

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian  
*(if Explorer is under the age of 18)*

### Commonwealth of Virginia County of Prince William

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

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

\_\_\_\_\_  
Typed/Printed Name of Notary

AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORD

To: Records Center  
Prince William County Public Schools  
P.O. Box 389  
Manassas, VA 20108

I hereby give permission for the release of records contained in the educational record

of \_\_\_\_\_.  
Name of Student

Student's date of birth \_\_\_\_\_

Name of school student last attended \_\_\_\_\_

Did the student graduate or withdraw from Prince William County Public Schools? \_\_\_\_\_

If so, the date the student graduated or withdrew \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_

The student records to be disclosed may include the categories of information checked:

- |                          |  |
|--------------------------|--|
| _____ Scholastic Records | _____ Test Scores                                |
| _____ Health Records     | _____ Vital Statistics (age, DOB, parents, etc.) |
| _____ Other _____        |  |

Information on the following may not be released: \_\_\_\_\_

\*\*\*\*\*

The above identified records may be released to:

- \_\_\_\_\_ Other schools and universities
- \_\_\_\_\_ Prospective employers
- \_\_\_\_\_ Others (specify) \_\_\_\_\_

\_\_\_\_\_  
Signature of student (if 18 years old or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address