



## Alton Police Department Explorer Application

**ALTON POLICE DEPARTMENT**  
1700 E. Broadway • Alton, Illinois 62002

Telephone: (618) 463-3505  
E-mail: [explorers@altonpolice.com](mailto:explorers@altonpolice.com)

Fax: (618) 462-3797  
Website: [www.altonpolice.com](http://www.altonpolice.com)

The Alton Police Department Explorer program's purpose is to provide young adults, ages 14-20, who may be interested in a career in law enforcement with a comprehensive program of training, competition, service and practical experiences. Character development, physical fitness, good citizenship and patriotism are integral components of this program. Through their involvement in the program, Explorers develop an awareness of the purpose, mission and objectives of law enforcement agencies.

### **APPLICANT INFORMATION**

NAME: \_\_\_\_\_

GENDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

LAST GRADE COMPLETED: \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION**

NAME 1: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

NAME 2: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

NAME 1: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

NAME 2: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE (if applicant is under 18)

\_\_\_\_\_  
DATE



## Alton Police Department Explorer Waivers

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### **HOLD HARMLESS/RELEASE OF LIABILITY**

The undersigned parent(s)/guardian(s) of \_\_\_\_\_, a member, applicant, or guest of the City of Alton Police Department Explorer Post #17 hereby indemnifies and holds harmless the employees, volunteers, members of the City of Alton Police Department Explorer/Cadet program, the City of Alton Illinois, and the Alton Illinois Police Department for any claims of any kind whatsoever or of any nature for injury/death to the person or the property of \_\_\_\_\_, his/her parents, siblings, or heirs. This indemnity and hold harmless agreement shall be conserved a complete and total waiver of any and all liability on the part of the City of Alton, Illinois, its servants, agents, employees, volunteers, and particularly the Police Officers engaged in the City of Alton Police Department Explorer/Cadet program as well as all volunteers, agencies, employees, etc. in which the City of Alton, Illinois Police Explorer/Cadet Post #17 officially participate in.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE (if applicant is under 18)

\_\_\_\_\_  
DATE

### **MEDIA RELEASE**

The undersigned parent(s)/guardian(s) of \_\_\_\_\_, a member, applicant, or guest of the City of Alton Police Department Explorer Post #17, understand the photograph(s) or video or audio recording(s) taken of \_\_\_\_\_, by agents, employees or representatives of the City of Alton Police Department Explorer Post #17 (hereinafter called "the Post") shall be used in connection with the Post's dissemination of information to the general public. I hereby authorize the Post to copy, exhibit, publish or distribute any and all such images and audio wherein he/she shall appear, including composite or artistic forms and media for purposes of publicizing the Post and Alton Police Department programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my child's likeness appears. I hereby hold harmless and release, and forever discharge, the Post from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my or my child's behalf, may have by reason of this authorization.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE (if applicant is under 18)

\_\_\_\_\_  
DATE



## Alton Police Department Explorer Medical Information

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### MEDICAL INFORMATION

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PREFERRED HOSPITAL: \_\_\_\_\_

KNOWN ALLERGIES: \_\_\_\_\_

MEDICAL CONDITION(S): \_\_\_\_\_

MEDICATION(S): \_\_\_\_\_

### MEDICAL RELEASE

The undersigned parent(s)/guardian(s) of \_\_\_\_\_, a member, applicant, or guest of the City of Alton Police Department Explorer Post #17 hereby grants and gives permission to the employees, volunteers, members of the City of Alton Police Department Explorer/Cadet program to administer medical attention to \_\_\_\_\_ in emergency situations and, if necessary, enlist the aid of the local emergency services personnel for medical aid or transport. The undersigned understands that all medical fees will be the responsibility of the parent(s)/guardian(s) and/or their insurance company. I understand that I will need to forward all medical information requested by the Post for the Explorer/Cadet's safety such as health plans, Explorer's blood type, Doctor's name, emergency contact names, and phone numbers, etc.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE (if applicant is under 18)

\_\_\_\_\_  
DATE