



## **Winthrop Police Explorer Application Packet General Membership Requirements**



1. Applicants must be between the ages of 14 and 21.
2. Parental approval must be obtained.
3. School transcripts demonstrating a 2.0 grade point average.
4. The applicant must be in good health and without physical condition(s) that will endanger them, or another member of the Police Department.
5. The applicant must be of good character and possess good moral habits. Driving records will be considered.
6. Upon appointment to the Post, a mandatory six months probation period must be served.
7. All applicants must successfully pass a background investigation including, but not limited to, a criminal history records check.
8. None of the above requirements is intended to be an automatic disqualifier. All of the above are taken into consideration when considering an applicant. If you feel that there are special circumstances that should be considered when applying, contact the Explorer Coordinator.

### **When filling out the attached application:**

- Fill in all of the blanks. If an item does not apply to you put in N/A.
- Give complete information, including your first, middle, and last name spelling each name completely.
- Submit information only if you are sure of its accuracy.
- Be sure that you and/or your parents sign the forms in the appropriate places.
- **INTENTIONAL WITHHOLDING OF INFORMATION OR FALSEIFICATION OF INFORMATION ON THIS APPLICATION WILL RESULT IN IMMEDIATE DENIAL OF ACCEPTANCE.** If the applicant is accepted and falsification is discovered, the Explorer will be dismissed without recourse.
- **Incomplete packets WILL NOT BE ACCEPTED**
- Completed packet should be dropped off at or mailed to:

Winthrop Police Explorers  
3 Metcalf Sq.  
Winthrop, MA 02152



# Winthrop Police Explorers Post # 99



Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Do you have a nickname or a name you prefer to be called? \_\_\_\_\_

Complete Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ GPA: \_\_\_\_\_

Parents/Guardians name: \_\_\_\_\_

Parents/Guardians address: \_\_\_\_\_

Parents/Guardians home phone: \_\_\_\_\_ Work: \_\_\_\_\_

Are you employed? \_\_\_\_\_ Where? \_\_\_\_\_

Hours per week? \_\_\_\_\_ What do you do?: \_\_\_\_\_

Career interests: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_

List any traffic violations you have received. Use additional paper if necessary

\_\_\_\_\_  
\_\_\_\_\_

Please list all non-traffic contacts you have had with police. Include all arrests, charges, dates of arrest, and disposition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever used illegal drugs/alcohol? \_\_\_\_\_ If yes, what, when, and where?

\_\_\_\_\_

Have you ever been suspended from school? \_\_\_\_\_ If yes, when, why, and for how long?

\_\_\_\_\_

How many days absent/tardy last semester/quarter? \_\_\_\_\_

**Adult references;** only 1 may be a relative

Name: \_\_\_\_\_ phone number \_\_\_\_\_

Name: \_\_\_\_\_ phone number \_\_\_\_\_

Name: \_\_\_\_\_ phone number \_\_\_\_\_



Application page 2



Education and training (include names of schools): \_\_\_\_\_

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What skills do you possess that would be helpful as an explorer? \_\_\_\_\_

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In your own words, explain why you want to become a Winthrop Police Explorer:

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I am hereby applying for admission into the Winthrop Police Explorer program. I further authorize and request that you make available to any duly authorized representative of the Winthrop Police Department, all information concerning my background, employment history, personal character, and criminal history. This is in connection with my application for participation with the Winthrop Police Explorers.

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

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



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



In consideration of admission in to the Winthrop Police Explorer program and permission to engage in Winthrop 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 Town of Winthrop, 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 Winthrop Police Explorer activities including damage or injuries which occur while I or my child are accompanying members of the Winthrop 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 Town of Winthrop, 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 Winthrop Police Department Explorer activity or while I or my child are accompanying members of the Winthrop Police Department during their official duties.

I further agree for myself, my heirs, executors, administrators, and assigns, to defend and indemnify the Town of Winthrop, 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 Town of Winthrop official, officer, employee, agent, and volunteer, or while engaging in any Winthrop 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 SIGNATURE: \_\_\_\_\_

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

WITNESSED: \_\_\_\_\_

PARENT’S SIGNATURE: \_\_\_\_\_

PARENT’S SIGNATURE: \_\_\_\_\_



# Statement of Understanding



I HEREBY REPRESENT THAT I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THIS DOCUMENT CONSISTING OF GENERAL MEMBER REQUIREMENTS, WAIVER OF LIABILITY, APPLICATION, AND HOLD HARMLESS AGREEMENT, AND UNDERSTAND THE CONTENTS OF THESE DOCUMENTS AND SIGN SAME OF MY OWN FREE WILL.

EXECUTED AT \_\_\_\_\_, ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

SIGNATURE OF STUDENT MEMBER: \_\_\_\_\_

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

PARENTS INITIALS \_\_\_\_\_

AS PARENT OR GUARDIAN OF \_\_\_\_\_, I HAVE READ THE ATTACHED FORMS AS NOTED ABOVE AND AGREE TO ALL OF THE TERMS CONTAINED THEREIN.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_\_) \_\_\_\_\_

DATED \_\_\_\_\_



# Winthrop Police Department Hold Harmless Agreement



In consideration of the Town of Winthrop granting the undersigned the opportunity to accompany an employee of the Winthrop Police Department in the performance of said employee's duties by riding with said employee in a town owned vehicle: and the undersigned, recognizing the fact that the duties of the officers of the town 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 Town of Winthrop, 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 Town of Winthrop.

I have read the above and yet desiring to accompany an employee of the Winthrop Police Department, have agreed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_  
Print name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_, MA.

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 WINTHROP 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 Town of Winthrop employee by riding with the employee in a town owned vehicle and knowing of the risks involved and assuming same, hereby agree to hold the Town of Winthrop 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 Town of Winthrop.

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

## Final Checklist

Be sure you have your entire packet complete and have all supporting documents included. Below is a checklist of what you need. **Incomplete application packets will not be accepted.**

- Application pages 1 & 2 completely filled out
- Application signed by applicant and parent/guardian on bottom of page 2
- Waiver of Liability, Release of Claims, and Indemnification filled out completely
- Statement of Understanding filled out completely
- Winthrop Police Department Hold Harmless Agreement filled out completely
- Copy of school transcripts included with packet (Note: transcripts need not be official copies)