



Coeur d'Alene Police Department Police Explorer Program



This Explorer program is a division of the Boy Scouts of America and is sponsored by Coeur d'Alene Police Department. The program is designed for young people who may be interested in a career in law enforcement. Some of the services that Explorers provide are assisting at community functions and traffic direction. During the year, Explorers will have the opportunity to work directly with the Coeur d'Alene Police Department and, in doing so, gain knowledge and insight regarding medical emergencies, domestic disturbances, directing traffic, firearms training, crime scene processing, traffic stops and others. In addition to gaining a working knowledge of police work, the participants also attend state and national conferences where their training is tested against explorers from other law enforcement posts.

Explorer Program Goals

1. Gain practical experience in the law enforcement field.
2. Engage in a program of activities centered on the five emphasis areas (career opportunities, life skills, service learning character education and leadership experience) to encourage development of the whole person.
3. Experience positive leadership from adult and youth leaders and be given opportunities to take on leadership roles.
4. Have a chance to learn and grow in a supportive, caring and fun environment.

Membership Guidelines

*All interested parties must:

1. Be between the ages of 16 and 21.
2. Reside in Kootenai County.
3. Be registered as an Explorer with the Boy Scouts of America (BSA) and agree to sign the post code/laws.
4. If enrolled in school, maintain 2.0 GPA. If not attending school, must have high school graduation certificate or GED.
5. Complete attached forms (Application, medical form, waiver and release) and turn into an Explorer Advisor at the Coeur d'Alene Police Department.
6. Pass background check and Oral Board.

[Once accepted, an Explorer must be able to complete 20 hours a month, which includes Officer ride-alongs and Explorer meetings/training, to maintain membership.](#)

For more information contact:

Explorer Advisor

Coeur d'Alene Police Dept.

3818 Schrieber Way CdA, ID 83815

(208) 769-2320 / (208) 769-2291



Coeur d'Alene Police Department Police Explorer Program



Application

Name _____ Date of Birth _____

Address _____

City _____ Home Phone _____

Cell Phone _____ E-Mail _____

Social Security _____ Driver's License _____

School in Attendance _____ Grade Enrolled _____

Place of Employment _____ Work Phone _____

Parents/Guardians Name _____

If you have separated or divorced parents please use this space to give the name and address of other parent _____

Character References:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Explorer Commitment

I understand I am applying for a position with the Police Explorer Program. This is a division of the Coeur d'Alene Police Department and carries with it several responsibilities on my part. I will truthfully answer the questions listed below to assist the advisors in my application process.

Have you ever been charged with a crime? Yes ___ No ___

If yes explain the circumstances and court decision on your case: _____

What is your grade point average in school? A 4.0 ___ B 3.0 ___ C 2.0 ___ D 1.0 ___ F 0.0 ___

If below 2.0 please explain why: _____

Have you ever had any problems where law enforcement was involved? Yes ___ No ___

If yes explain: _____

Why do you want to be a police explorer? _____



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I understand the Coeur d'Alene Police Explorer Program is a program of elite individuals that must uphold the highest standards of being a police officer. I understand this fully and am applying to this organization.

Explorer Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____



Coeur d'Alene Police Department Police Explorer Program



Authorization for Release of Information

I _____, parent/guardian of _____
herby authorize _____ School District to release to the
Coeur d'Alene Police Department Explorer Program the information indicated below:

Reports to be furnished:

- Semester Grades
- Tardy Reports
- Absences
- Expulsions
- Discipline Reports

I understand I may revoke this consent in writing at any time.

(Date)

(Signature of Student)

(Date)

(Signature of Parent/Guardian)

(Date)

(Signature of Witness)



Coeur d'Alene Police Department Police Explorer Program



Medical Release Form

The Coeur d'Alene Police Explorer Program has an element of danger involved with it because the Explorers train and ride-a-long with the police department. The Explorer Program has set guidelines to reduce those risks, but the risks are still there. In case of emergency we would like to have the emergency contact information and an active medical release form on file in cases where medical attention may be needed and you as a parent/guardian is unavailable at the time.

Explorer Information

Explorer Name _____ Date of Birth _____
Address _____ City _____
Home Phone _____ Cell Phone _____

Parent/Guardian Information

Parent/Guardian Name _____
Address _____ City _____
Home Phone _____ Cell Phone _____
Father's Employment _____
Work Phone _____
Mother's Employment _____
Work Phone _____
Emergency Contact _____ Phone _____
Emergency Contact _____ Phone _____

Medical Information

Is Explorer currently taking medication? Yes ___ No ___
If Yes, Explain _____
Has Explorer been restricted from any physical activities? Yes ___ No ___
If Yes, Explain _____
Is the Explorer allergic to anything? Yes ___ No ___
If Yes, Explain _____
Date of last Tetanus Immunization: Month _____ Year _____

Medical Release Form

In case of an emergency, I hereby give permission to the representative from the Coeur d'Alene Police Department to obtain medical assistance for my child, I also give permission to the physician selected to hospitalize and secure proper treatment for my child.

(Parent/Guardian Signature)

(Date)

(Medical Insurance Company)

(Policy Number)



Coeur d'Alene Police Department Police Explorer Program

Waiver Agreement:

Approval to participate in the Coeur d'Alene Police Department Explorer Program has been granted to the individual listed below, only after the individual has read, agreed to and signed the "Waiver of Liability" listed on this form.

- Weapons will not be carried by any Explorer while conducting his/her duties. The exception to this would be for training purposes involving the use of such weapons and must be approved by the Program Supervisor and/or his/her designee.
- An Explorer must understand that while conducting his/her duties as an Explorer, they are to act as an extra set of eyes and ears. Explorers are trained as a witness. Explorers are only expected to respond as any other good citizen, and should never attempt to take police action.
- Explorers who are issued departmental ballistic vests must be aware such vests may be expired and/or be past their manufacture's recommended expiration date. Testing has shown these vests still have ballistic capabilities, though neither the manufacture or the Coeur d'Alene Police Department/City of Coeur d'Alene are liable for the use of these vests.
- If the individual participating in the Explorer Program is under the age of 18 years old, a parent or guardian must also read and sign the "Waiver of Liability" prior to being allowed to participate in the Explorer Program.

WAIVER OF LIABILITY

For and in consideration of the undersigned being given the opportunity to volunteer in police operations and functions of the Coeur d'Alene Police Department by riding in any vehicle, operated by members of the Police Department and by any and all means of observations whatsoever, the undersigned, in order to avail himself of said opportunity, recognizes and assumes any and all risks pertaining thereto, and hereby releases the City of Coeur d'Alene, its officials, officers and all other personnel of the City of Coeur d'Alene from any and all liability whatsoever for any injuries, damages, and claims the undersigned, his heirs, dependants and assigns may sustain in and about any vehicle or in any other way during the course of their participation/ observation and studies by the undersigned of the operations and functions of the Coeur d'Alene Police Department.

Explorer: _____

Date of birth: _____

Participants Signature: _____

Date: _____

Parent/Guardian Signature (if Applicable): _____

Date: _____