



## Burbank Police Department Explorer Application

200 N. Third St., Burbank, CA 91502

(818) 238-3223

[BPDExplorers@burbankca.gov](mailto:BPDExplorers@burbankca.gov)

- 1.) **Application**: Must be legible, complete, and **NOTARIZED**. All incomplete applications submitted will result in delays. All applicants must complete an Explorer application.
  
- 2.) **All Applicants must complete the following**:
  - a. **Oral Interview**: To assess the candidate's ability to assume the responsibilities and obligations of an Explorer.
  
  - b. **Background Investigation**: A background investigation will be conducted to determine the character and background of each candidate for the Explorer Program. Candidates with a criminal record, unsatisfactory driving history, serious school discipline, or questionable loyalty or morals will not be accepted into the program.
  
  - c. **Medical Examination**: All applicants must have a medical evaluation by a California-licensed physician. The examination must be completed by the physician and submitted to the Post advisor.
  
  - d. **Education Performance**: All explorers **MUST** be enrolled in high school and maintain a "C" average or 2.0 GPA. Explorers will be required to provide a copy of their semester report cards to the Post advisor. Those explorers who have completed high school or the equivalent will not need to provide any GPA verification.
  
  - e. **Explorer Academy**: All explorers must attend the basic Explorer Academy. Attendance at the academy must be within the first year of membership. Failure to attend and complete the academy is grounds for dismissal from the program.
  
  - d. **Explorer Uniform**: All applicants will be required to purchase, at their own cost, the approved Burbank Police Explorer uniform and necessary equipment. Failure to maintain uniform and necessary equipment may result in immediate removal from the program.
  
  - e. **Insurance**: Upon acceptance into the Burbank Police Explorer Program, and while enrolled in the program, each explorer will be insured through the City of Burbank as a volunteer. This clause does not prevent an explorer from obtaining additional insurance coverage, at their own cost.



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**RELEASE, WAIVER, AND ASSUMPTION OF THE RISK AGREEMENT  
FOR ENTRY ONTO THE BURBANK POLICE DEPARTMENT**

For and in consideration of allowing me to enter onto the Burbank Police Department (hereinafter referred to as "Site") for a tour of the Site, I hereby voluntarily release, discharge, waive and relinquish any actions or causes of action for any personal injury, property damage or wrongful death against the City of Burbank or any of its officers, agents, servants and/or employees, occurring to me as a result of entering onto the Site.

**TO THE MAXIMUM EXTENT ALLOWED BY LAW, IT IS MY INTENTION BY SIGNING THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE CITY OF BURBANK, ITS OFFICERS, AGENTS, SERVANTS, AND/OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY THEIR NEGLIGENCE.** I am fully aware of the risks and hazards inherent in entering the Site and, nevertheless, I hereby elect voluntarily to enter the Site and assume all risk of loss, damage, or injury that may be sustained by me while on the Site.

I understand that this Release, Waiver and Assumption of the Risk Agreement shall apply not only to me but also to my heirs, executors, administrators, next of kin, assigns, and successors.

**I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND HAVE BEEN FULLY AND COMPLETELY ADVISED OF THE POTENTIAL DANGERS INCIDENTAL TO ENTERING THE SITES AND I AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS INSTRUMENT.** By my signature below, I hereby certify that I am at least eighteen (18) years old. **If I am under the age of eighteen (18), my parent/guardian has read this form with me and has completed the additional parent/guardian waiver and release on the reverse.**

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name



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**PARENT/GUARDIAN WAIVER AND RELEASE - FOR MINOR.**

**If the participant is under the age of eighteen (18) years, the parent or guardian must execute, in addition to the Release, the following Waiver and Release:**

The undersigned \_\_\_\_\_ (parent/guardian) referred to as the parent and natural or legal guardian of \_\_\_\_\_ (minor's name) does hereby represent that they are, in fact, acting in such capacity and agrees to defend, indemnify, and hold harmless the City of Burbank and any of its officers, agents, servants or employees, from all liability, loss, or harm that may occur by reason of the minor's participation in the tour of the Burbank Police Department. By the signature below, this parent/guardian acknowledges and agrees to the above as well as the release signed above by the minor.

Date \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of parent / guardian

\_\_\_\_\_  
Relationship to minor



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### Medical Consent

I, \_\_\_\_\_ (parent/guardian) of \_\_\_\_\_ and whose birth date is \_\_\_\_\_, so hereby consent to any emergency medical and/or dental treatments, examinations (including but not limited to x-rays, CAT Scans, MRI's and blood tests), anesthetic, and/or surgery if needed by any hospital or clinic.

It is understood that this consent is given in advance of any specific diagnosis or treatment to encourage the Burbank Police Explorer Post, their officers, agents, or designees, and any physician designated to exercise their best judgment as to the requirements of such diagnosis and/or treatment(s).

This consent shall remain in effect while said applicant is a member of the Burbank Police Explorer Post or participating in any event with the Burbank Police Department, unless sooner revoked in writing and a copy of that revocation is delivered to an Explorer Advisor of the Explorer Post. In signing this authorization and consent, I am also advising you of the following medically related information:

Name, Address, and Phone number of applicant's doctor:

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Name, Address, and Phone number of person(s) to be contacted in case of an emergency:

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List of illnesses, allergies, medical problems, and current medication taken by the applicant:

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### Photographic Release

I, \_\_\_\_\_, parent/guardian of (Explorer Applicant's Name) \_\_\_\_\_ whose birth date is \_\_\_\_\_, understand that my child will be participating in public and private events as a Burbank Police Explorer. As such, my child may be photographed and/or taped. These photographs and/or tapes may be used in any publications or social media networks by the Burbank Police Explorer Post or any other agency where the Explorer Post is being represented.

I understand that this form is confidential but is subject to examination by the members of the Burbank Police Department, officers, agents, and members of the Burbank Police Explorer Post.

I further agree that any photograph, recording, or digital depiction of my child shall be the sole and exclusive property of the City of Burbank.

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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



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**Authorization to Release Information**

As an applicant for a position with the Burbank Police Department Explorer Program, I am required to furnish information for use in determining my qualifications. I do hereby authorize the release and full disclosure of any or all information that you may have concerning me, including information of a confidential or privileged nature, to any duly authorized officer or agent of the Burbank Police Department.

I hereby release you, your organization, or others from liability or damage which may result from furnishing the information requested.

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

# Explorer Application

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 BPDEXPLORERS@BURBANKCA.GOV



## Applicant Information

Last Name			First Name			Middle Name		
Sex	Height	Weight	Hair	Eyes	Date of Birth	Driver's License Number		
Home Address			Apt/Unit	City	State	Zip code	Phone Number ( )	
Work/School Address			Grade	City	State	Zip code	Email	
Father or Legal Guardian's Name (Last, First)			Home Address			Phone Number ( )		
			Work Address			Email		
Mother or Legal Guardian's Name (Last, First)			Home Address			Phone Number ( )		
			Work Address			Email		
Vehicle Year/Make	Model	Color	License Plate			Insurance Information		

## References

List 3 adult references who can comment on your suitability for our program. References can be teachers, counselors, employers, clergy, etc. Do not use relatives.

Name (Last, First)	Title/Position	Address	Phone Number ( )
Name (Last, First)	Title/Position	Address	Phone Number ( )
Name (Last, First)	Title/Position	Address	Phone Number ( )

## Emergency Information

In case of an emergency, please provide a contact other than the parent(s) or guardian(s) listed above.

Name (Last, First)	Relationship	Address	Phone Number ( )
Name (Last, First)	Relationship	Address	Phone Number ( )

## Medical Information

Physician's Name	Address	Phone Number ( )
Medical Concerns (Allergies, Medications, Special Needs, etc.)		

