



Burbank Police Department Explorer Application

200 N. Third St., Burbank, CA 91502

(818) 238-3223

BPDEExplorers@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.
- f. **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.
- g. **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:

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

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: _____

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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.)				

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Background

Have you ever been arrested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever received a ticket?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had the police called on you or had a negative police contact?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been under the influence of alcohol?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever used or possessed any illegal drugs, including marijuana?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever stolen anything?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been involved in a physical fight with someone else?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been suspended from school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been a member of a gang or associated with a known gang member?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever committed an act of vandalism?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been the victim of a crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been hospitalized in the past 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had a GPA below 2.0?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answer **YES** to **ANY** of the questions above, please explain in detail below. Include approximate dates, numbers of times you engaged in each activity, etc. Attach a separate sheet of paper if needed.



CITY OF BURBANK

BURBANK VOLUNTEER PROGRAM



Burbank Volunteer Program Enrollment Form
1301 W Olive Ave. Burbank, CA 91506
Phone: (818) 238-5370 Fax: (818) 238-5388
BVP@burbankca.gov

Check the boxes that apply:

Volunteer Youth Sports Coach
 General BVP Volunteer Program

Minor (Under 18 years of age)
Adult (18 years and older)*

*** All applicants 18 years and older will also be required to do a Live Scan and NCSI background check prior to placement.**

Date: _____

Name: _____

Street: _____ City: _____ Zip: _____

Phone: _____ E-mail Address: _____

Birth Date: ____ / ____ / ____

Are you a U.S. Veteran? No Yes

Physical Limitations you wish to disclose: No Yes _____

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

FOR BVP VOLUNTEERS ONLY (NOT NEEDED FOR YOUTH SPORTS VOLUNTEERS):

Driver's License Number: _____

Auto Insurance Company: _____

I Do Not Drive:

For Office Use Only:

	1st Contact	Interview Date	2 nd Contact	Supervisor Contact	Inactive Letter Sent	Terminated
Date:						
Staff Initials:						

	Enrollment Form Received	LiveScan Complete	NCSI Complete	Received TS	Entered Volunteer Reporter	Scanned
Date:						
Staff Initials:						

Your interests, skills, and talents:

Day/s and times you are available to volunteer:

Languages you speak:

For Office Use Only

Date	Agency Referral	Agency Follow-Up

NOTES:



CITY OF BURBANK VOLUNTEER PROGRAM

WAIVER & RELEASE OF LIABILITY MEDICAL EMERGENCY TREATMENT

The undersigned is voluntarily participating in the City of Burbank Volunteer Program, subject to the City's sole discretion and approval. In consideration of being allowed to participate as a volunteer, the undersigned acknowledges and agrees that:

I have voluntarily applied to participate in this program. I promise to adhere to the rules established for the program.

I acknowledge that the City of Burbank has obtained the following insurance policies which may apply to me in the event of a covered accident or occurrence that occurs during the course and scope of my duties as a program volunteer: Accidental Death and Dismemberment Coverage and Excess Accident Medical Expense Coverage for personal injuries; and Volunteer Excess Automobile Liability Insurance and Excess Volunteer Liability Insurance. I understand that the City pays for these policies, and there is no cost to me as a volunteer. The City may make changes to such policies, and will notify me in the event of a change.

I am voluntarily participating in this program with knowledge of the risks involved. I hereby agree to accept any and all risks of injury, death, or property damage associated with my participation in this program. I am responsible for understanding how to properly perform tasks within the course and scope of my volunteer duties, and will inquire if I am unsure of proper performance. I will not perform tasks that are beyond my ability.

I grant the City of Burbank permission to use my photographs and images (including video images) for the purpose of publicizing and marketing City activities. I understand that no compensation shall be given for use of these photographs and that these images shall become the sole property of the City of Burbank.

As a condition of the City of Burbank's permitting me to participate in this program, I HEREBY AGREE that, to the maximum extent of the law, I and my heirs, distributees, guardians, legal representatives, and assigns WILL NOT MAKE A CLAIM AGAINST, SUE, OR PROSECUTE the City of Burbank, its officers, agents, and employees for any injury, death or property damage that I may sustain as a result of my participation in this program, except for claims arising out of the gross negligence or willful misconduct of the City.

In addition, I HEREBY RELEASE AND DISCHARGE the City of Burbank, its officers, agents, and employees from and against ALL ACTIONS, CLAIMS, OR DEMANDS for any injury, death or damage resulting from my participation in this program, except for claims arising solely out of the gross negligence or willful misconduct of the City. This release and discharge applies to myself, my heirs, distributees, guardians, legal representatives, and assigns.

I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT AND THAT I AM AWARE THAT THIS IS A WAIVER AND RELEASE OF LIABILITY BETWEEN MYSELF AND THE CITY OF BURBANK, AND I SIGN IT OF MY OWN FREE WILL.

By my signature below, I hereby certify that I am eighteen (18) years of age or older.

I am under the age of eighteen (18) years. My parent/guardian has read this form with me and completed the additional parent/guardian Waiver and Release.

Date: _____

Print Name

Signature

PARENT/GUARDIAN WAIVER AND RELEASE - FOR MINOR

[NOTE: If the participant is under the age of eighteen (18) years, the parent or guardian must execute the following Waiver and Release.]

The undersigned _____ (name of parent/guardian) referred to as the parent and natural or legal guardian of _____ (minor participant's name) does hereby represent that he or she is, in fact, acting in such capacity and **BY THE SIGNATURE BELOW, THIS PARENT/GUARDIAN FURTHER ACKNOWLEDGES AND AGREES TO BE BOUND BY THE TERMS OF THE WAIVER AND RELEASE OF LIABILITY SIGNED BY THE MINOR FOR PARTICIPATION IN THE CITY OF BURBANK VOLUNTEER PROGRAM.**

Signature of Parent/Guardian

Date

Relationship to Minor

Date

MEDICAL EMERGENCY TREATMENT CONSENT

As a parent/guardian, I hereby consent to treatment of my minor child for any and all medical procedures deemed necessary as a result of accident or injury or illness. Consent is given for any licensed physician, surgeon, accredited medical personnel, or City personnel to give medical attention and to administer such treatment, drugs, and/or medicines, and to perform such medical procedures as is deemed necessary based on the existing medical situation. I further understand that the City of Burbank will not be providing medical insurance and that I am responsible for payment in full of any payments due as a result of said treatment.

Signature of Parent/Guardian

Date

Current Medications: _____
_____Special Considerations (medical conditions, physical limitations, allergies, etc.)

MEDICAL EXAMINATION REPORT – Peace Officer

POST 2-253 (Rev 04/2018)

SECTION 2. SUITABILITY DECLARATION – to be maintained in the background investigation file

Instructions to the Physician:

- This section is to be completed and submitted to the hiring department.
- The hiring department will maintain this Medical Suitability Declaration page in the individual's background investigation file. **Do not include medical information on this page.**

Medical Suitability Declaration

Candidate's Name _____

Birth Date _____ Last 4 digits of Social Security Number _____

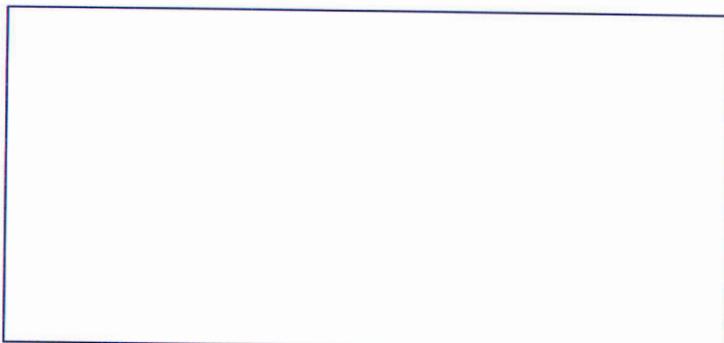
On _____, I completed a pre-employment medical screening evaluation
[DATE OF EVALUATION] on the above-named peace officer candidate, in accordance with POST Commission Regulation 1954. Based on the results and findings of that evaluation:

I certify that the candidate is medically suitable to perform the peace officer duties and responsibilities as defined and provided by the hiring department either without any accommodations, or provided that the specified work restrictions, limitations, or reasonable accommodations can be implemented.
(Describe any work restrictions, limitations, or reasonable accommodation requirements on the supplemental medical information page.)

I cannot certify that the candidate is medically suitable to perform the peace officer duties and responsibilities as defined and provided by the hiring department.

Physician's Signature ► _____

Physician's Printed Name,
Medical License Number,
and Contact Information:



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of _____)

On _____ before me, _____,

Date

Here Insert Name and Title of the Officer

personally appeared _____

Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

*Signature of Notary Public**Place Notary Seal Above***OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

 Corporate Officer — Title(s): _____ Partner — Limited General Individual Attorney in Fact Trustee Guardian or Conservator Other: _____

Signer Is Representing: _____

Signer's Name: _____

 Corporate Officer — Title(s): _____ Partner — Limited General Individual Attorney in Fact Trustee Guardian or Conservator Other: _____

Signer Is Representing: _____