

# Ceres Police Department Explorer Application



Chief Brent Smith

[www.ci.ceres.ca.us](http://www.ci.ceres.ca.us)

209-538-5726

Please return this application to the lobby of the  
Ceres Police Department.

Records: Route to Chief's Administrative Secretary

# **Ceres Police Department Explorer Program**

## **(for ages 14-20 years)**

*An excellent introduction for young men and women who are considering a career in Law Enforcement*

Thank you for your interest in the Ceres Police Explorer Program. This information brochure has been prepared to inform you of the selection, training and duty requirements of becoming a Ceres Police Explorer.

### The Program

The Ceres Police Department Law Enforcement Program is sponsored by the department in cooperation with the Boy Scouts of America. The program is managed by Officers who volunteer or are assigned at the discretion of the Chief of Police.

### Organization

The purpose of the Ceres Police Explorer Program is to provide the young men and women of the community the opportunity to explore their interest and aptitudes in the field of law enforcement through on-the-job exposure. The Ceres Police Explorer Post is composed of one unit assigned to the Ceres Police Department with four Ceres Police Officer Advisors and 20 Ceres Police Explorers.

### Goals of the Exploring Program

To encourage desirable character traits, ethical conduct, sound morals, patriotism and respect for law and order so that the explorers' exemplary behavior might be emulated by their peers.

To occupy the spare time of young people by providing worthwhile objectives to pursue.

To provide young people in the community the opportunity to explore their interests and aptitudes in the field of law enforcement by on-the-job exposure to the department's various duties.

## Selection Requirements

1. Male or female, 14-20 years of age.
2. United States citizen or Legal Alien who has applied for citizenship.
3. Possess a High School diploma or GED Certificate. If still in High School, must have a 3.0 GPA or better, and maintain this GPA.
4. Good physical condition, with weight in proper proportion to height.
5. Vision must be 20/100 or better, correctable 20/30 or better in each eye. Color vision must be normal. Hearing must be unimpaired.
6. Good moral character. Conviction of a felony is disqualifying. A background investigation will be conducted.
7. Possess the ability to clearly express thoughts in written and verbal form.
8. Complete a condensed version of a Law Enforcement Academy specifically designed for youth.
9. Be willing to contribute at least 20 hours per month to the Explorer Program.

## Application Process

Completed applications for the position of Ceres Police Explorer should be submitted to the Ceres Police Department, Office of the Chief.

The Explorer background investigator will set up an oral interview with the applicant and will conduct a background investigation. Fingerprinting will be done during this stage and will be paid for by the Ceres Police Department.

Once the background investigation is completed, if the candidate is successful, he or she will be notified of acceptance into the Ceres Police Explorer Program, pending successful completion of an Explorer Academy.

The accepted candidate is assigned to the "Explorer Unit" of the Explorer Post until he or she completes an Explorer Academy. Accepted candidates may participate in Explorer functions on a limited basis as an Explorer Cadet.

## The Explorer Academy

There are two types of Law Enforcement Academies. One is a 7-day, live-in Academy with three phases of training: basic, intermediate and advanced. The candidate must complete the basic phase of training in order to become an Explorer.

The training includes classes in Criminal Law, Patrol Procedures, Report Writing, Arrest and Control, Court Procedures, and Physical Fitness. The cost of the live-in Academy is approximately \$455.00, which includes room and board for the seven-day period.

The second type of Academy is a 5-day in-house basic training at the Ceres Police Department, during the month of June. The 5-day training includes classes on Physical Fitness, Ceres Police Policy and Procedure, Arrest and Control, including DETAC, as well as hands-on training. The successful candidate graduates from the Academy, in uniform, as a Ceres Police Explorer.

## Beyond the Academy

Once the Explorer has completed the Academy, he or she will be assigned to the patrol station. The Explorer Post is made up of Explorers, Explorer Field Training Officers, Explorer Sergeants and Explorer Lieutenants, all of whom serve under the guidance of four Ceres Police Officers who are Ceres Police Explorer Advisors. Explorers may be promoted through the ranks as they gain expertise and experience.

The Ceres Police Explorer's uniform, *which is not provided by the department*, consists of the following (if you need assistance with the purchase of your uniform, please inform one of the Explorer Advisors):

1. A powder blue button up long sleeved and short sleeved shirt.
2. A department issued patch on each sleeve of the shirt that reads "Ceres Police Explorer."
3. An Explorers Rocker Badge with the words, "Ceres Explorer."
4. Navy blue Class A pants.
5. Navy blue undershirt.
6. Black basket-weave under belt with silver buckle
7. Black basket-weave duty belt with silver buckle
8. Black basket-weave handcuff case
9. Black radio holder
10. Flashlight ring/holder
11. Four black basket-weave duty belt keepers
12. Black tactical boots
13. Navy blue tie
14. Silver tie bar

Explorers are issued department identification cards which identify them as Ceres Police Explorers.

Ceres Police Explorers provide a myriad of beneficial services to the Ceres Police Department and to the community. Many members of the Ceres Police Department began as Explorers, thus forming foundations for careers in law enforcement.

Interested youth may obtain an application or more information by contacting the Ceres Police Department via mail or phone:

Ceres Police Explorers  
Ceres Police Department – Attention Marcy Pederson  
2727 Third Street  
Ceres, CA 95307

Questions?  
209-538-5726 – Marcy Pederson, Chief's Administrative Secretary  
209-538-5721 – Lt. Pat Crane

## Instructions for Completing the Explorer Application/Background Package

### General Guidelines:

- Personally complete all sections of the application packets
- Do not leave any blanks. If the section does not apply to you, place an “n/a” in that section. If the proper answer is “none,” then write the word “none.”
- Be accurate and complete with all answers
- **All references (personal, employment and school) must reflect complete addresses (i.e. PO Box or street name and number, city, state and zip code).** Incomplete or incorrect information will delay the processing of your application.

Please type all information or print clearly and legibly in black ink.

1. Application and Background form
  - a. *Include 3 Letters of Recommendation*
2. Authorization to Release Information
  - a) Applicant’s name is printed at top with date of birth.
  - b) If applicant is under 18 years of age, a parent must also sign and date.
3. Academy Permission Slip to participate in OC/Pepperball Training
  - a) Applicant (or parent, if applicant is a minor) signs on the bottom.
4. Physician’s (Medical Fitness) Waiver

*This form is provided, however, do not visit your physician to have the form signed until you have been told to do so.*

  - a) Print applicant’s name on first blank line.
  - b) Applicant signs and dates
  - c) If applicant is under 18 years of age, a parent must also sign and date.
  - d) Physician prints name on blank line in statement. Physician signs, dates and supplies address and telephone.
5. Ride-along/Sit-along Waiver
  - a. Complete all areas
  - b. Applicant (or parent, if applicant is a minor) signs on the bottom.
6. Authorization for Medical Treatment
  - a) Print applicant’s name (or parent’s name if applicant is a minor) on first blank line.
  - b) Print applicant’s name on second and third blank lines.
  - c) Applicant (or parent, if applicant is a minor) signs on the bottom.
7. Attach copy of your Birth Certificate and most recent Report Card
  - a) If you have graduated, attach a copy of your high school diploma.

You must return the fully completed package with all of the required copies for your application to be evaluated. Incomplete packages will NOT be processed.

Ceres Police Department Explorer Application and Background Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Other Names (maiden, prior, aliases, nicknames) \_\_\_\_\_

Date of Birth (Mo/Day/Year) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Address (include apartment number) \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email (list all addresses ever used) \_\_\_\_\_

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

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (if different from applicant) \_\_\_\_\_

\_\_\_\_\_

Place of Business \_\_\_\_\_ Work Phone \_\_\_\_\_

Fathers's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (if different from applicant) \_\_\_\_\_

\_\_\_\_\_

Place of Business \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## References

In the space below please list as references 3 individuals who have knowledge of you and your qualifications. Exclude relatives. Suggestions would be: sports coaches, church leaders, neighbors, employers. *Each of these individuals must provide us with a Letter of Recommendation.*

1: Name and Relationship \_\_\_\_\_

Address (include apartment number) \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Letter of Recommendation attached

2: Name and Relationship \_\_\_\_\_

Address (include apartment number) \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Letter of Recommendation attached

3: Name and Relationship \_\_\_\_\_

Address (include apartment number) \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Letter of Recommendation attached

## Military Service

Have you ever served in the military?  Yes  No

If yes, Branch \_\_\_\_\_ Dates of Service: From \_\_\_\_\_ to \_\_\_\_\_

Have you ever failed to register for Selective Service or the military draft, when required to do so by law?  Yes  No

## Citizenship

You must be a citizen of the United States or a permanent resident alien, who is eligible for and has applied for citizenship.

Place of Birth (City and State) \_\_\_\_\_

Are you a U.S. Citizen?    € Yes            € No

If naturalized, what year and where did you become a citizen? \_\_\_\_\_

If you are a permanent resident alien, what is your registration number? \_\_\_\_\_

Have you applied for U.S. Citizenship?            € N/A            € Yes            € No

If yes, when did you apply for citizenship? \_\_\_\_\_

## Education

I am presently a high school student in the \_\_\_th grade at \_\_\_\_\_ High School.

I graduated from \_\_\_\_\_ High School in \_\_\_\_\_ (month/year).

I am presently a college student majoring in \_\_\_\_\_.

### Schools Attended:

Please indicate below all the schools you have attended, beginning with high school.

During the background investigation, persons who have known you in a learning environment will be contacted.

Name of School \_\_\_\_\_ City \_\_\_\_\_

Attended From \_\_\_\_\_ to \_\_\_\_\_ (month/year).

Name of School \_\_\_\_\_ City \_\_\_\_\_

Attended From \_\_\_\_\_ to \_\_\_\_\_ (month/year).

Name of School \_\_\_\_\_ City \_\_\_\_\_

Attended From \_\_\_\_\_ to \_\_\_\_\_ (month/year).

Name of School \_\_\_\_\_ City \_\_\_\_\_

Attended From \_\_\_\_\_ to \_\_\_\_\_ (month/year).

### School References (teachers, counselors, coaches, etc):

Name \_\_\_\_\_ School \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever been suspended or expelled from any school?            € Yes            € No

If yes, please explain (include school, date and circumstances)

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



Law Enforcement Information

Have you applied with the Ceres Police Department before?      €Yes      €No  
What was the disposition of the application(s)?

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Have you applied with any other law enforcement agencies?      €Yes      €No  
If yes, please list below:

Agency _____	Year _____	Disposition _____
Agency _____	Year _____	Disposition _____
Agency _____	Year _____	Disposition _____

Have you attended an Explorer Training Academy?      €Yes      €No  
Location \_\_\_\_\_ Date \_\_\_\_\_ Level \_\_\_\_\_

Have you had any other law enforcement training?      €Yes      €No  
Explain \_\_\_\_\_

Employment

Beginning with your current employment, please list all jobs (include part-time, temporary and voluntary positions) you have held.

Name of Business \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_ (month/year)    €Full-time    €Part-time    €Temp    €Volunteer  
Title and Duties \_\_\_\_\_  
Names of co-workers \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Name of Business \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_ (month/year)    €Full-time    €Part-time    €Temp    €Volunteer  
Title and Duties \_\_\_\_\_  
Names of co-workers \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Name of Business \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_ (month/year)    €Full-time    €Part-time    €Temp    €Volunteer  
Title and Duties \_\_\_\_\_  
Names of co-workers \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Have you ever been fired, or asked or forced to resign, from any place of employment?    €Yes      €No  
If yes, explain what job, when and why on the back of this page.

Driving Record

Do you have a valid California Driver's License (CDL)?  Yes  No  
CDL number \_\_\_\_\_ Expiration date \_\_\_\_\_

Have you ever had an out-of-state license?  Yes  No  
What state(s)? \_\_\_\_\_ What year(s) \_\_\_\_\_

Has your license ever been suspended, restricted, revoked, or placed on probation?  Yes  No  
If yes, explain when and why on the back of this page.

Please list all traffic citations (excluding parking citations) you have received in the past 3 years.

Nature of violation _____	Location _____	Date _____
Nature of violation _____	Location _____	Date _____
Nature of violation _____	Location _____	Date _____
Nature of violation _____	Location _____	Date _____

Do you have any citations or parking tickets that are past due or pending?  Yes  No  
If yes, explain on the back of this page.

When was the last time you drove a motor vehicle while "under the influence" of an alcoholic beverage or some type of illegal drug when you could have been arrested or stopped?  
Month/Year or N/A \_\_\_\_\_

Do you currently have automobile insurance?  Yes  No  
Insurance carrier police number \_\_\_\_\_  
If no, explain why and how long you have driven without insurance on the back of this page.

Have you ever been involved as a driver in a motor vehicle accident?  Yes  No  
If yes, please give details for each accident.

Date _____	Location _____	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Per Police Agency, at fault?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date _____	Location _____	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Per Police Agency, at fault?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date _____	Location _____	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Per Police Agency, at fault?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Alcohol Usage

Have you ever consumed an alcoholic beverage?      € Yes      € No  
What type of alcoholic beverages do you drink? \_\_\_\_\_  
On average, how many days a month do you drink alcoholic beverages? \_\_\_\_\_  
How many drinks do you consume when you do drink? \_\_\_\_\_  
When was the last time you were drunk? \_\_\_\_\_ (mo/year)  
How many times have you been drunk in the past 6 months? \_\_\_\_\_ The past year? \_\_\_\_\_

Application Certification and Signatures

I hereby certify that all statements made in this application are true and complete.  
I understand that any misstatements of material facts will subject me to disqualification or dismissal.  
I understand that all answers are subject to a truth verification examination.

Signature of Applicant	Date
Signature of Parent (if applicant is a minor)	Date

Ceres Police Department  
Authorization to Release Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Other Names \_\_\_\_\_

To Whom it May Concern: \_\_\_\_\_

I respectfully request and authorize you to permit Ceres Police Department (properly identified) to review my juvenile or adult probation record, medical record, school record and employment record; including, but not limited to, personnel files, background files, internal investigation files, disciplinary files and training files.

There are also authorized to copy any material contained therein.

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

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature. The original form is maintained at the Ceres Police Department and will be made available upon request.

The information is to be used to assist the Ceres Police Department in determining my fitness and qualifications for a position of trust and responsibility.

This release will expire one (1) year after the date signed.

Signature of Applicant	Date
Signature of Parent (if applicant is a minor)	Date



Ceres Police Department  
Explorer Academy Permission Slip

During the Explorer Academy, Explorers will be trained on the effects of Oleoresin Capsicum (OC), otherwise known as pepper spray/pepper ball. The Explorers will conduct a simple spray of OC in the general face area and will proceed to a decontamination area.

OC is non-toxic, non-flammable, and is made from food grade ingredients. OC is used in Law Enforcement to distract the suspect during a physical altercation. Officers, as well as Explorers, may come in contact with this chemical agent.

Experiencing the effects of OC in a safe and controlled environment will prevent accidents or panic out in the field. The Explorers will learn how to deal with, and react to, the chemical agent in a safe and tactical manner.

On some occasions, OC has been known to cause irritation to the eyes, vomiting, a “burning” sensation, coughing and/or irritation to the skin.

For the safety of the Explorers, trained and certified medical staff will be standing by during the training.

I, \_\_\_\_\_ give permission for  
(Parent or Guardian)  
\_\_\_\_\_ to participate in the OC/Pepperball  
(Applicant)  
training with the Ceres Police Department Explorer Academy. I am aware that my son/  
daughter will actively and physically participate in this training.

\_\_\_\_\_  
Signature of Parent/Guardian (if applicant is a minor)

\_\_\_\_\_  
Date

CERES POLICE DEPARTMENT  
RIDE-ALONG/SIT-ALONG PROGRAM

The Ceres Police Department's ride-along/sit-along program is designed to offer Explorers a "behind the scenes" look into the Department. The purpose is to provide Explorers an opportunity to observe daily police patrol/dispatch activities and to provide an overall view of police officer's/dispatcher's duties.

It is our hope that the insight into the line operation of the Department will be both informative, enjoyable and further promote positive interaction. We want you to be fully aware of the conditions and circumstances under which this program operates.

In order to protect the safety of our Explorers and police officers:

- A copy of your photo ID MUST be submitted with your completed application
- All applicants WILL undergo a background check. You may not participate in a Ride-along/Sit-Along until your background is complete.
- The following items are PROHIBITED during all ride-along/sit-alongs:
  - NO backpacks
  - NO packages
  - NO oversized purses
  - NO cellular phones
  - NO weapons

First, Middle, Last: \_\_\_\_\_ Gender: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Employer (If student, list school and grade): \_\_\_\_\_

E-Mail Address (For scheduling): \_\_\_\_\_ @ \_\_\_\_\_

Emergency Contact Person/Address/Phone/Relationship: \_\_\_\_\_

The reason I, \_\_\_\_\_, wish to participate in the Ceres Police citizen ride-along/sit-along program is: \_\_\_\_\_

Have you ever been on a ride-along/sit-along with the Ceres Police Dept?  Yes  No If yes, when? \_\_\_\_\_

Are you related to an employee of the Ceres Police Department?  Yes  No If yes, who? \_\_\_\_\_

If you are "non-resident," have you requested a ride-along/sit-along with the agency in the city you reside?  Yes  No

If you wish to ride/sit with a specific officer/dispatcher on a specific date, who/when? \_\_\_\_\_

PARENT OR GUARDIAN WAIVER (If applicant is under 18)

I, the undersigned, am the parent or legal guardian of the minor participant and request that my child be allowed to participate in the Ride-Along/ Sit-Along Program. I have carefully read the waiver and identification agreement, know and understand its contents, and sign it voluntarily intending that it be binding upon the minor participant and myself, and our heirs, next of kin, family, guardians, conservators, executors, administrators, trustees and assigns. I expressly assume the duties, liabilities, and terms and conditions contained herein.

Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

CPD Witness: \_\_\_\_\_

CERES POLICE DEPARTMENT RIDE-ALONG/SIT-ALONG WAIVER

I request the privilege of riding along with and accompanying one or more police officers/sitting in with one or more police dispatchers of the Ceres Police Department on his/her daily duties. In consideration of being allowed to participate in this program, I state and agree to the following:

For ride-alongs, I understand that I will be assigned to ride with one or more police officers who will attend to his/her normal duties and will respond to all calls for service. I am aware that a police officer can be and often is assigned duties which involve physical danger and serious risk of harm. I understand that by accompanying members of the Ceres Police Department, there is a high probability that I will be exposed to hazardous situations inherent in police work where I may be at risk for serious or even fatal injury, including, but not limited to, high speed vehicle operations, accidents, arrests, the use of dangerous weapons, assault, riots, breaches of the peace, unlawful acts or forcible resistance by law violators or suspected law violators, defective condition of equipment or facilities, and the negligence of other people, including, but not limited to, other participants, volunteers, officers and citizens, and I further understand that the police officer will not avoid or disregard his/her duties which involve such risks or danger simply because I am accompanying him/her.

For sit-alongs, I understand that I will be assigned to sit and observe one or more dispatchers who will attend to his/her normal duties. The environment, though normally at risk as is found in patrol, can be high stress or program participants may hear loud and profane language from callers.

Knowing the risks involved, I hereby assume any and all risks of injury, death or property damage arising out of or in any way connected with my participation in said Program, and understand that I am responsible for my own safety. On behalf of myself, my heirs, next of kin, family, relatives, guardians, conservators, executors, administrators, trustees and assigns, I waive, release, discharge in advance the City and its officers, officials, employees, contractors, agents and volunteers ("City personnel") from and against all liability arising out of or connected in any way with my participation in the Ride-Along/Sit-Along Program, whether caused by the negligence or other legal fault of the City or City personnel, or the care, maintenance, or use of any facility, vehicle, or other equipment used in the performance of the police officer's/dispatcher's duties. In further consideration of my being allowed to participate in this program, I agree to indemnify and hold harmless the City and all City personnel from any loss, liability, damage, cost or expense they might incur from my participation, including litigation costs or expenses.

I understand and agree that this waiver and indemnification agreement is intended to be as broad and inclusive as permitted by law and that if any portion of this waiver and indemnification agreement is invalid, the balance shall continue in full force and effect.

I HAVE CAREFULLY READ THIS WAIVER AND INDEMNIFICATION AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A WAIVER OF LIABILITY AND A CONTRACT BETWEEN ME AND THE CITY OF CERES. I VOLUNTARILY AGREE TO EACH OF THE TERMS AND PROVISIONS HEREIN AND SIGN THIS WAIVER AGREEMENT OF MY OWN FREE WILL.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at Ceres, California.

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Signature of Parent/Guardian if applicant is under the age of 18)

**\*\*\* LEGAL NOTE – PLEASE READ BEFORE SIGNING \*\*\***

This form must be completed and returned to the Ceres Police Department. It takes at least one week to process the form and do a background check. By signing the form, you are giving the Ceres Police Department permission to complete a thorough criminal history check on you prior to the ride-along/sit-along. Completing this form does not guarantee the applicant a ride-along/sit-along. You will be contacted to inform you if your application has been approved or denied. During the contact, the time and date of the ride-along/sit-along will be established. Ride-Along applicants will be given a safety briefing at the time of the ride-along. Any questions regarding the ride-alongs or the application process should be directed to the Ceres Police Patrol Watch Commander during regular business hours, Monday-Friday, 8 AM to 5 PM, at 209-538-5706. Questions regarding the Sit-Along program should be directed to the Ceres Police Dispatch Supervisor at 209-538-5716.

Riders are expected to be physically able to handle themselves in the event of a critical incident. Please indicate on the line below if you have a physical or mental condition that may prevent you from doing so.

\_\_\_\_\_

**\*\*\* OFFICIAL USE ONLY \*\*\***

Type of ID Presented:    Driver's License    Military ID    ID Card    Other \_\_\_\_\_

Name of Employee Accepting Application: \_\_\_\_\_ Date: \_\_\_\_\_

Date/Time/Officer Assigned: \_\_\_\_\_

Officer and Supervisor notified by/via: \_\_\_\_\_

Background Completed by: \_\_\_\_\_ ID #: \_\_\_\_\_ Date: \_\_\_\_\_

CAD #: \_\_\_\_\_ Comments: \_\_\_\_\_



Ceres Police Department  
Authorization for Medical Treatment

I, \_\_\_\_\_ do hereby authorize a member of the Ceres  
(applicant or parent if applicant is under 18)

Police Department, as agent(s) for the undersigned, to consent to x-ray examination, anesthetic, medical or surgical diagnoses or treatment and hospital care to be rendered to

\_\_\_\_\_ under the general supervision and upon the  
(applicant or parent if applicant is under 18)

advice of a physician or surgeon, or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to

\_\_\_\_\_ by a dentist.  
(applicant or parent if applicant is under 18)

This authorization shall remain in effect until the above mentioned Explorer becomes inactive in the Ceres Police Department Explorer Program, unless sooner revoked by written notice or termination delivered to said agents.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (if applicant is a minor)

\_\_\_\_\_  
Date



# EMPLOYEE PERSONAL DATA FORM

NAME (FIRST, MIDDLE, LAST):	TODAY'S DATE:	LAST FOUR DIGITS OF SOCIAL SECURITY #:
DATE OF BIRTH:	ADDRESS:	CITY/STATE/ZIP:
HOME PHONE:	CELL PHONE:	OTHER:

## PERSONAL PHYSICIAN INFORMATION

HOSPITAL:	PHYSICIAN:	PHONE:
ADDRESS:	CITY/STATE/ZIP:	FAX (OTHER):

## EMERGENCY CONTACT INFORMATION

*Contacted in the order given in case of an emergency*

1. NAME:	ADDRESS:	CITY/STATE/ZIP:
WORK PHONE:	HOME PHONE:	CELL PHONE:
RELATIONSHIP:		

2. NAME:	ADDRESS:	CITY/STATE/ZIP:
WORK PHONE:	HOME PHONE:	CELL PHONE:
RELATIONSHIP:		

3. NAME:	ADDRESS:	CITY/STATE/ZIP:
WORK PHONE:	HOME PHONE:	CELL PHONE:
RELATIONSHIP:		

## PERSONAL MEDICAL INFORMATION (Optional)

*This information is for Emergency Responders Only. (Ex. Allergic to bee stings, Epi-pen, Located in Desk drawer, purse, etc.)*

ALLERGIES:	MEDICATION/LOCATION:
OTHER CONDITIONS:	MEDICATION/LOCATION:

***It is incumbent upon the employee to notify HR immediately if you change your address, contact information, or any information affecting notification in the event of an emergency. By signing this document, you state that all information identified is true and correct as of the date above and you agree to comply with the requirements of maintaining and updating HR accordingly, should any information change.***

\_\_\_\_\_  
EMPLOYEE SIGNATURE