



# SAVANNAH POLICE

To Serve, Protect and Build Trust

SavannahPD.org 

## Savannah Police Department Explorer Post 290 Application 201 Habersham St Savannah, GA 31401

### Explorer Information

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

Address \_\_\_\_\_

Phone ( ) ( ) ( ) \_\_\_\_\_  
Home Cell Pager

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Hgt \_\_\_ Wgt \_\_\_ Hair \_\_\_ Eyes \_\_\_

Social Security # \_\_\_ - \_\_\_ - \_\_\_ Driver's License # \_\_\_\_\_

Email Address \_\_\_\_\_ Prior Explorer Experience \_\_\_\_\_

School currently attending \_\_\_\_\_

School Phone ( ) \_\_\_\_\_ Graduation Year \_\_\_\_\_ Current GPA \_\_\_\_\_

Are you currently involved in any extracurricular activities? (Sports, Church, Employment)

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Will these activities interfere with your duties as an Explorer? Explorers meet twice a month, train on one Saturday a month, and participate in special events and community events.

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Have you had any academic or disciplinary issues in school? If yes, explain.

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Have you ever been arrested or detained by the police? If yes, explain.

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Please list any medical problems or disabilities that may affect your ability to perform the duties of an Explorer. Explorers participate in physical training, and perform law enforcement related duties.

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**Parent/Guardian Information**

Father's Full Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Home Phone (    ) \_\_\_\_\_ Cell Phone \_\_\_\_\_

\*Business Phone (    ) \_\_\_\_\_

\*Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_

Parent E-mail Address \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Home Phone (    ) \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_

\*Business Phone (    ) \_\_\_\_\_

\*Employer \_\_\_\_\_ \*Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_

Parent E-mail Address \_\_\_\_\_

### Emergency Contact Information

1) \_\_\_\_\_  
Name Relationship Phone

2) \_\_\_\_\_  
Name Relationship Phone

All information provided will be kept confidential.

\*Provided for Emergency contact use **ONLY**.

### References

List three references of people not related to you who know your character well.

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

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

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

**Membership**

How did you hear about the Savannah Police Department's Explorer Program?

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Briefly, explain why you want to become an SPD Explorer.

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What would you like to do after completing the Explorer Program and finishing high school?

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Are you willing to attend all scheduled meetings and events?

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Are you willing to purchase all necessary equipment required of the Savannah Police Department's Explorer's?

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Are you willing to abide and follow all rules and regulations established by the Savannah Police Department's Explorer's Post?

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### Membership Dues

There is a **non-refundable** membership due of **\$100.00**. This fee includes the BSA administrative fees and insurance. The first \$25.00 is due by the first meeting. The additional \$75.00 may be paid in installments during the first 6 months. Please note, uniforms will not be issued until full payment is received.

My signature affirms that all the previous information provided in this application is true and correct; and any attempt to give false information, written or oral, with the intent to mislead the representatives of the Savannah Police Department's Explorer Program, will result in my membership application being immediately rejected. If I am accepted for membership, and it is later determined that false or misleading information was purposely provided in the application process, I acknowledge that I will be dismissed immediately from the Savannah Police Department's Explorer Program.

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Signature of Applicant

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Date

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Signature of Parent/ Guardian  
(For applicants under the age of 18)

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Date

All information provided will be kept confidential.

**Parent Authorization**

The health history is correct to the best of my knowledge. \_\_\_\_\_ (name of applicant) has permission to engage in all prescribed activities, unless noted otherwise by me. In the event of an emergency and I cannot be reached, I hereby give permission to the physician selected by the adult in charge to authorize all necessary medical attention needed (to included but not limited to: hospitalization, anesthesia, injections/medications, and/or surgery) for my son/daughter. I also understand it is my responsibility to update any medical or health information to the Post Advisors when necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Emergency Medical Release Form**

The undersigned consents for \_\_\_\_\_ (name of applicant) to receive any necessary medical treatment that arises while participating in any activities with the Savannah Police Department’s Explorer Program. I (we) do hereby separately, and severally, release and permanently discharge all employees, members, the Savannah Police Department, and the Savannah Police Department’s Explorer Program, or any other authorized participating person, firms, or organizations from any and all present and future liabilities as a result of authorized emergency medical treatment on my child’s behalf. This consent includes treatment by authorized medical personnel, including but not limited to EMTs, Paramedics, and physicians.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

(For applicants under the age of 18)

\_\_\_\_\_  
Printed Name

**Savannah Police Department's Explorers  
Consent for Release of Information/Records and  
Agreement to Return or Replace Equipment**  
(To be signed by parent/Guardian if applicant is under the age of 18)

Known by all those present that I, the undersigned applicant, being over the age of eighteen(18), or the parent/ legal guardian of \_\_\_\_\_ (applicant), do hereby consent to the participation of my child in the Savannah Police Department's Explorer Program and all related activities, and I do hereby, separately and severally, release and permanently discharge Chatham County, City of Savannah, all employees, members, the Savannah Police Department, and the Savannah Police Department's Explorer Program, or any other authorized participating person, firms, or organizations participating in the above program from any and all liability for ever kind and character, including injury to the person or property of myself in connection therewith or in any way related thereto. I do further hereby agree to indemnify and hold Chatham County, City of Savannah, the Savannah Police Department, the Savannah Police Department's Explorer Program, and its employee's and member's from any and all liability, lawsuit, claim, or damages occasioned by or resulting from any suit or claim arising from my direct or indirect participation in the Explorer's Program.

I do further grant unto the Savannah Police Department, City of Savannah and Chatham County, the risk to check my/ my child's school records and receive a copy of my/their transcript of grades at any time during my/their participation in the Savannah Police Department's Explorer Program. I authorize and direct the release of such school records, grades, and transcripts to the Savannah Police Department, and its employees and members participating in the Savannah Police Department's Explorer Program, or any educational institution possessing the same.

I do hereby agree that should I resign or be terminated from the Savannah Police Department's Explorer Program, that I will promptly return all equipment assigned to me in good, clean, working condition. I also understand that my failure to return equipment will result in myself or my parent/guardian being held responsible for reimbursing Chatham County and/ or the Savannah Police Department for the replacement cost of any damaged or unreturned equipment.

Signed \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ .

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

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent/ Guardian

\_\_\_\_\_  
Witness



**Savannah Police Department Explorer Program**

**Consent and Wavier by Applicant or Consenting Adult**

(To be completed by Parent/Guardian if Applicant is under the age of 18)

I, \_\_\_\_\_ (Parent/Guardian/Applicant) do hereby give  
permission to the Savannah Police Department's Explorer's Post to use any photography, videography, or audio  
transmission of my child/myself for promotional or advertisement purposes related to Post activities.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Coordinator

\_\_\_\_\_  
Date Received