



Somerset Police Explorer Application Packet

General Membership Requirements



1. Applicants must be between the ages of 14 and 21.
2. Parental approval must be obtained.
3. School transcripts demonstrating a 2.0 (letter grade of C) grade point average.
4. The applicant must be in good health without physical condition(s) that will endanger them, or another member of the Police Department.
5. The applicant must be of good character and possess good moral habits. Driving records will be considered.
6. Upon appointment to the Post, a mandatory six months probation period must be served.
7. All applicants must successfully pass a background investigation including, but not limited to, a criminal history records check.
8. None of the above requirements is intended to be an automatic disqualifier. All of the above are taken into consideration when considering an applicant. If you feel that there are special circumstances that should be considered when applying, contact the Explorer Coordinator.

When filling out the attached application:

- Fill in all of the blanks. If an item does not apply to you put in N/A
- Give complete information, including your first, middle, and last name spelling each name completely.
- Submit information only if you are sure of its accuracy.
- Be sure that you and/or your parents/legal guardian sign the forms in the appropriate places.
- **INTENTIONAL WITHHOLDING OF INFORMATION OR FALSIFICATION OF INFORMATION ON THIS APPLICATION WILL RESULT IN IMMEDIATE DENIAL OF ACCEPTANCE.** If the applicant is accepted and falsification is discovered, the Explorer will be dismissed without recourse.
- **Incomplete packets WILL NOT BE ACCEPTED**
- A fully completed packet should be delivered to or mailed to:

Somerset Police Explorers
465 County Street
Somerset, MA 02726



Somerset Police Explorers



Full Name: _____

Do you have a nickname or a name you prefer to be called? _____

DOB: _____ SSN: _____ Driver's license State: _____ DL number: _____

Complete Home Address: _____

Mailing address (if different from above): _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email: _____

School: _____ Grade: _____ GPA: _____

How many days absent/tardy last semester/quarter? _____

Have you ever been suspended from school? _____ if yes, when, why, and for how long?

Parents/Guardians name: _____

Parents/Guardians address: _____

Parents/Guardians home phone: _____ Work: _____ Cell: _____

Are you employed? _____ Where? _____

Supervisor's name: _____ Supervisor's Telephone: _____

Hours per week? _____ What do you do? _____

Career interests: _____

List any traffic violations (including verbal and written warnings) you have received. (use additional paper if necessary): _____

Please list all non-traffic contacts/ interactions you have had with the police. Include all arrests, charges, dates of arrest, and disposition: _____

Have you ever used illegal drugs/alcohol? _____ if yes, what, when, and where?

Have you ever been suspended from school? _____ if yes, when, why, and for how long?

Adult references (only one may be a relative):

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Education and training (include names of schools): _____

What skills do you possess that would be helpful as an explorer? _____

In your own words; explain why you want to become a Somerset Police Explorer:

I am hereby applying for admission into the Somerset Police Explorer program. I further certify that the information I have provided is correct and accurate. I further understand that if in the course of the background investigation, it is learned the information contained herein is inaccurate or missing (omitted) from this application it is terms for possible denial to the program. I further authorize and request that you make available to any duly authorized representative of the Somerset Police Department, any and all information concerning my background, employment history, personal character, and criminal history. This is in connection with my application for participation with the Somerset Police Department Explorer Program.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Somerset Police Explorers



Waiver of Liability, Release of Claims, and Indemnification

In consideration of admission in to the Somerset Police Explorer program and permission to engage in Somerset Police Explorer activities which further my or my child’s education and knowledge of police activities; I, the undersigned, hereby agree to indemnify and hold harmless the Town of Somerset, its officials, officers, employees, agents, and volunteers from any and all claims, injuries, or damages of any nature, sustained to my person or property which occur as a result of my, or my child’s involvement in Somerset Police Explorer activities including damage or injuries which occur while I or my child are accompanying members of the Somerset Police Department as they conduct their official duties.

I further release and waive any and all claims and causes of action, including but not limited to actions based on negligence, which may arise against the Town of Somerset, its officials, officers, employees, agents and volunteers, as a result of any injury to my or my child’s person or property which occur as a result of or during my or my child’s involvement in Somerset Police Department Explorer activity or while I or my child are accompanying members of the Somerset Police Department during their official duties.

I further agree for myself, my heirs, executors, administrators, and assigns, to defend and indemnify the Town of Somerset, it officials, officers, employees, agents and volunteers, their sureties against any and all actions, suits, debts, claims, demands, damages, liability, or expenses of any kind incurred or arising by reason of any actual or claimed negligence or wrongful act or omission of mine or my child’s while accompanying any Town of Somerset official, officer, employee, agent, and volunteer, or while engaging in any Somerset Police Explorer activity.

All parties signing below endorse the preceding three paragraphs as their own and represent that the waiver of liability, release of claims, and indemnification is entered into a knowing and intelligent manner and pursuant to his or her free will.

APPLICANT’S SIGNATURE: _____

SIGNED THIS _____ DAY OF _____, 20_____

WITNESSED: _____

PARENT’S SIGNATURE: _____

PARENT’S SIGNATURE: _____



Somerset Police Explorers



Statement of Understanding

I HEREBY REPRESENT THAT I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THIS DOCUMENT CONSISTING OF GENERAL MEMBER REQUIREMENTS, WAIVER OF LIABILITY, APPLICATION, AND HOLD HARMLESS AGREEMENT, AND UNDERSTAND THE CONTENTS OF THESE DOCUMENTS AND SIGN SAME OF MY OWN FREE WILL.

EXECUTED AT _____, ON THIS _____ DAY OF _____, 20____

SIGNATURE OF STUDENT MEMBER: _____

ADDRESS: _____

PARENT/GUARDIAN INITIALS _____

AS PARENT OR GUARDIAN OF _____, I HAVE READ

THE ATTACHED FORMS AS NOTED ABOVE AND AGREE TO ALL OF THE TERMS

CONTAINED THEREIN.

PRINTED NAME OF PARENT/GUARDIAN: _____

SIGNATURE OF PARENT/GUARDIAN: _____

HOME PHONE (_____) _____ WORK PHONE (_____) _____

DATED _____



Somerset Police Explorers



Somerset Police Department Hold Harmless Agreement

In consideration of the Town of Somerset granting the undersigned the opportunity to accompany an employee of the Somerset Police Department in the performance of said employee's duties by riding with said employee in a town owned vehicle: and the undersigned, recognizing the fact that the duties of the officers of the town are inherently dangerous and that no duty is owed to the passenger while such employee is engaged in his or her official duties, hereby assumes all risks attendant upon such activity and agrees to hold the Town of Somerset, its officials, officers, employees, agents, and volunteers harmless from any and all claims which may arise as a result of the undersigned's accompanying said employee of the Town of Somerset.

I have read the above and yet desiring to accompany an employee of the Somerset Police Department, have agreed on this _____ day of _____, 20_____.

Signature: _____

Print name: _____ Address: _____

City: _____, MA.

Date of Birth: _____ Phone: (_____) _____

THE REMAINDER OF THIS FORM MUST BE COMPLETED BY A PARENT OR GUARDIAN OF ANY PERSON WHO IS UNDER EIGHTEEN (18) YEARS OF AGE, OR WHO IS APPLYING TO BECOME A SOMERSET POLICE EXPLORER.

I, _____, the parent or legal guardian of the above names minor, (or Explorer Applicant), have read this hold harmless agreement and hereby consent to the minor/applicant accompanying a Town of Somerset employee by riding with the employee in a town owned vehicle and knowing of the risks involved and assuming same, hereby agree to hold the Town of Somerset and its officials, officers, employees, agents, and volunteers harmless from any and all claims which may arise as a result of the above minor/applicant accompanying said employee of the Town of Somerset.

Signature: _____

Address: _____

City: _____, State: _____ Zip: _____

Phone: (_____) _____

Final Checklist

Please be sure you have your entire packet complete and have all supporting documents included. Below is a checklist of what you need. **Incomplete application packets will not be accepted.**

- Application pages 1 & 2 completely filled out
- Application signed by applicant and parent/guardian on bottom of page 2_
- Waiver of Liability, Release of Claims, and Indemnification filled out completely
- Statement of Understanding filled out completely
- Somerset Police Department Hold Harmless Agreement filled out completely.
- Copy of school transcripts included with packet (Note: transcripts need not be official copies)