



# Kernersville Police Department Explorer Program Application Form

***Explorers Receive Training, Respect & Appreciation***

## **Nature of Work**

Explorers receive training on basic law enforcement. Upon successful completion of Explorer Basic Training, a valid North Carolina Driver's License and other requirements, an Explorer may participate in the ride-along program (active duty with a police officer). The Explorers most important job will be to use his/her learned skills to serve their community and its citizens in a positive manner. Explorers must uphold high standards of paramilitary discipline, respect, honor, and dedication to excellence in all areas of their lives.

## **Requirements and Necessary Documents**

To participate in the Explorers Program at the Kernersville Police Department, **all candidates must:**

1. Have a career interest in law enforcement, the criminal justice system and/or a community service-related field.
2. Be at least 14 years of age (entering 9<sup>th</sup> grade), thru 20 years of age (Participants may remain in the program until their 21<sup>st</sup> birthday).
3. Be a United States Citizens or lawful resident alien.
4. Must have proof of active enrollment in school and maintain a 2.0 or higher GPA while in the program.
5. Be drug (illegal) free, including alcohol and tobacco.
6. Have good moral character as determined by a background check and **must not** have a criminal or gang background or involvement.
7. Provide a copy of his/her birth certificate, photo ID (driver's license if applicable) and a copy of their parents/guardians driver's license.
8. Provide a copy of their health insurance card/information.
9. Have and give a 100% commitment to attend mandatory biweekly meetings, activities, and assigned details.
10. Have 100% support from parents/guardians.

## **Closing Date**

Open until positions are filled

## **How to Apply**

Applications may be obtained by contacting the Kernersville Police Department or [www.toknc.com](http://www.toknc.com).

## **Questions?**

Contact the Kernersville Police Department Crime Prevention Unit:  
336-996-2294

The Kernersville Police Department is an equal opportunity agency and does not discriminate on the basis of age, citizenship (including citizenship status), color, disability, marital status, national origin, race, religion, sex or sexual orientation.



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**Please type or print clearly. Do not leave any field blank. Enter "n/a" if not applicable.**

Position Applying for:				
Referred by (Include employee name, phone number and relationship to applicant, if applicable):				
Last Name:		First Name:		Middle Name:
Date of Birth and age:		Social Security Number:		Date of Application:
Mailing Address:		City and State:		Zip Code:
Home Phone Number (w/ area code):		Work Phone Number (w/ area code):		Cell Phone Number (w/ area code):
E-Mail Address:				
Place of Birth (County, State, and Country):		Race:	Sex:	Height (feet', inches")
Weight:	Eye Color:		Hair Color:	
List and Scars, Marks, or Tattoos:				

By signing this document, I certify that all of the information on this entire application is true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, or misrepresentation is sufficient cause for rejection of this application, removal of my name from consideration or dismissal from service. **I understand that the Kernersville Police Department is a drug-free workplace and that all Explorers must be drug-free.**

I understand that this application is the property of the Kernersville Police Department. I am also attesting that I understand and meet all of the minimum requirements of the position I am applying for as stated on the job announcement.

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Print Applicant's full name	Signature	D.O.B. or SSN#	Date
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Print Parent/Guardian's full name	Signature	D.O.B. or SSN#	Date
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## Education and Training Background

List all education/training which you feel relates to the position for while you are applying. Describe in sufficient detail to demonstrate that you meet the minimum requirements of the position.

### High School Information:

Are you currently enrolled in high school?	Yes	No	If you have graduated, provide the year
Name of high school:		School phone number (w/ area code):	
Current grade level in school:		What is your G.P.A.?	
List any Clubs or organizations of which you are a member or activities in which you participate:			

### College/University/Trade School Information:

Are you currently enrolled?	Yes	No	If you have graduated, provide the year:		
Name of School/College/University:		School Phone Number (w/ area code)			
Current level:		What is your G.P.A.?			
Major course of study?					
List any clubs or organizations of which you are a member or activities in which you participate:					
If not in school, have you graduated?	Yes	No	...Or do you have G.E.D.?	Yes	No
Describe your future education plans:					
List any and all certifications, qualifications, or licenses in any area:					



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### Driver's License Information:

Do you have a valid driver's license?	Yes	No	If yes, in which state was it issued?
Driver's License #:			Date of Expiration:

### Employment History

Please list all full-time and part-time work experience which you feel relates to the position for which you are applying. Start with the most recent related position and work back. Major changes in duties or job titles with the same employer should be listed as separate positions. Describe job duties in sufficient detail to demonstrate that you meet the minimum requirements of the position. Use additional sheets in the same format is necessary.

#### Most Recent Position:

Title of Position:			
Employer:		Complete employer address (include zip code):	
Start Date (M/D/Y):	End Date (M/D/Y):	Total time with employer (Years, Months):	Hours per week:
Reason for Leaving:			
Name/Title of Supervisor:		Supervisor's Telephone Number (w/ area code):	
Description of Job Duties:			

#### Next Most Recent Position:

Title of Position:			
Employer:		Complete employer address (include zip code):	
Start Date (M/D/Y):	End Date (M/D/Y):	Total time with employer (Years, Months):	Hours per week:
Reason for Leaving:			
Name/Title of Supervisor:		Supervisor's Telephone Number (w/ area code):	
Description of Job Duties:			



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**Next Most Recent Position:**

Title of Position:			
Employer:		Complete employer address (include zip code):	
Start Date (M/D/Y):	End Date (M/D/Y):	Total time with employer (Years, Months):	Hours per week:
Reason for Leaving:			
Name/Title of Supervisor:		Supervisor's Telephone Number (w/ area code):	
Description of Job Duties:			

**Next Most Recent Position:**

Title of Position:			
Employer:		Complete employer address (include zip code):	
Start Date (M/D/Y):	End Date (M/D/Y):	Total time with employer (Years, Months):	Hours per week:
Reason for Leaving:			
Name/Title of Supervisor:		Supervisor's Telephone Number (w/ area code):	
Description of Job Duties:			



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Please answer the following four questions by circling the appropriate response. If you answer yes to any of the questions, make sure to provide detailed information in the corresponding box.

### Controlled Substance/Drug Use:

1. Have you ever illegally used drugs or controlled substances? Yes                      No
  
2. Do you now or have you ever illegally possessed, supplied, or sold any drugs or controlled substances? Yes                      No

If you answered yes to one or both questions above, provide details below:

Name of Drug/Controlled Substance	Location (City/State)	Detention, Disposition, or Penalty	Date of Offence (M/Y)

### Criminal History:

3. Have you ever been arrested or detained by any law enforcement agency? Yes                      No
  
4. Have you ever been convicted of, or have you ever been found to have committed any civil or criminal law violations? Yes                      No

If you answered yes to one or both questions above, provide details below:

Charge, Law Violation, or Circumstance	Location (City/State)	Detention, Disposition, or Penalty	Date of Offence (M/Y)

By signing this document, I certify that all of the information provided is true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, or misrepresentation is sufficient cause for rejection of my application, removal of my name from consideration or dismissal from service.

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Print Applicant's full name                      Signature                      D.O.B.                      Date

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Print Parent/Guardian's full name                      Signature                      D.O.B.                      Date



# Kernersville Police Department Explorer Program Application Form

## Parental & Emergency Information

### Parent/ Guardian

Father's/ Guardian's Name:	
Home Address:	City, State, Zip Code:
Home Phone (w/ area code):	Work Phone (w/ area code):
Cell Phone (w/ area code):	

Mother's/ Guardian's Name:	
Home Address:	City, State, Zip Code:
Home Phone (w/ area code):	Work Phone (w/ area code):
Cell Phone (w/ area code):	

### Emergency Contact Information

In the event of an emergency and the parent/guardian is unavailable, please list two individuals to be contacted:

Contact #1:	
Home Address:	City, State, Zip Code:
Home Phone (w/ area code):	Work Phone (w/ area code):
Cell Phone (w/ area code):	

Contact #2:	
Home Address:	City, State, Zip Code:
Home Phone (w/ area code):	Work Phone (w/ area code):
Cell Phone (w/ area code):	



# Kernersville Police Department Explorer Program Application Form

## Applicant's Medical History

Last Name:	First Name:	Middle Name:	
Date of Birth:	Social Security Number:	Race	Sex
Home Address:	City and State:	Zip Code:	

## Medical Information

Health/Accident Insurance Company:	Phone (w/ area code):	Policy Number:
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Are you know or have you ever been, subject to (please answer yes or no):

Asthma \_\_\_\_\_      Fainting Spells \_\_\_\_\_      Convulsions \_\_\_\_\_  
 Diabetes \_\_\_\_\_      Heart Trouble \_\_\_\_\_      Bleeding Disorders \_\_\_\_\_  
 Allergy(ies) to any medical, food, plant, insect bite or other material or substance \_\_\_\_\_

If you answered yes to any of the above, please list the allergies:
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Do you have any condition that may require special care, medication, or diet?      Yes      No

If you answered yes to the above, please explain:
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Are you taking any medication?      Yes      No

If you answered yes to the above, please explain:
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Are there any restrictions placed on you for any reason?      Yes      No

If you answered yes to the above, please explain:
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# Kernersville Police Department Explorer Program Application Form

## **Applicant/ Parental Authorization for Medical Treatment**

I certify that this medical history is correct so far as I know. If the applicant is a minor, I hereby give my permission for the minor to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to medical personnel and/or physician, selected by the adult leader in charge, to treat my son/daughter (listed applicant) for any medical or surgical emergency as deemed necessary by medical personnel and/or physician.

Applicant's Name (print):	Signature:	Date:
Parent/Guardian Name:	Signature:	Date:
Home Phone (w/ area code)	Work Phone (w/ area code)	Cell Phone (w/ area code)



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I solemnly swear that the answers that I have made to each and all of the questions are true and complete to the best of my knowledge and belief. I agree and understand that any misstatements of material facts contained herein will be cause for forfeiture on my part to all rights to membership in the Kernersville Police Department Explorer Program.

I hereby authorize the Kernersville Police Department to verify any and all facts listed on this application, and to contact any references I have listed.

Date:	Signature of Applicant:
Date:	Signature of Parent/Guardian:

As the parent/guardian of the minor child applying for membership to the Kernersville Police Department Explorer Program, I hereby give my permission for my child to become a member of the Kernersville Police Department Explorer Program.

Date:	Signature of Parent/Guardian:	
	Driver's License Number:	Issuing State:

State of North Carolina

County of Forsyth

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, personally appeared before me, the said named \_\_\_\_\_, to me known and known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged that he/she executed that same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Official Seal)

\_\_\_\_\_  
*Official Signature of Notary*

\_\_\_\_\_, Notary Public  
*Notary's printed or typed name*

My commission expires: \_\_\_\_\_



## Kernersville Police Department Explorer Program Application Form

### REQUEST FOR PERMISSION TO RIDE AS AN EXPLORER AND HOLD HARMLESS/INDEMNIFICATION AGREEMENT

I, \_\_\_\_\_, being 18 years of age or older, and being the parent or guardian of \_\_\_\_\_ do hereby request permission from the Kernersville Police Department (hereinafter referred to as "KPD") for my minor child, a KPD EXPLORER to ride in an authorized KPD vehicle and participate in KPD EXPLORER functions, subject to the following conditions:

If permission is granted, I will instruct my minor child to obey all instructions, orders, or commands given to my minor child by any KPD employee during the ride or such functions. I understand that such instructions, orders, and commands will be for my minor child's safety and protection.

I am fully aware of and appreciate the fact that, as an Explorer, minor child may experience or encounter many of the dangers associated with law enforcement work including, but not limited to, vehicle accidents and altercations with dangerous individuals. I fully realize and appreciate the fact that such dangers may result in physical harm, injury, or death to my minor child. I, on behalf of my minor child, myself, my minor child's heirs, executors and administrators, voluntarily accept any or all risks associated with this activity, and agree to hold harmless and indemnify the Town of Kernersville, the Kernersville Police Department, the Chief of Police, along with the directors, officers, employees, agents, representatives, volunteers and servants of the Town of Kernersville and the Kernersville Police Department from any claim, cause of action, or lawsuit resulting from my minor child's ride participation as an Explorer **including any claim, cause of action or lawsuit based on the negligence, actions or inactions of the Town of Kernersville, the Kernersville Police Department, the Chief of Police, along with the directors, officers, employees, agents, representatives, volunteers or servants** of the Town of Kernersville and the Kernersville Police Department.

I, the undersigned, intending to be legally bound hereby, for my minor child, myself, my minor child's heirs, executors, and administrators, waive and release any and all rights and claims for losses and damages including, but not limited to, personal injuries and property damage, that exist, now or in the future, against **the Town of Kernersville, the Kernersville Police Department, the Chief of Police, along with the directors, officers, employees, agents, representatives, volunteers or servants** of the Town of Kernersville and the Kernersville Police Department resulting, either directly or indirectly, from my minor child participating as a KPD Explorer **including any claim, cause of action or lawsuit based on the negligence, actions or inactions of the Town of Kernersville, the Kernersville Police Department, the Chief of Police, along with the directors, officers, employees, agents, representatives, volunteers or servants** of the Town of Kernersville and the Kernersville Police Department.

The parties recognize that in order to simplify the paperwork associated with each Explorer detail, function, special event, or trip, this agreement shall be applicable to all Explorer Activities.

It is further agreed that as an Explorer my minor child will not carry a firearm.



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\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name of KPD Explorer

State of North Carolina

County of Forsyth

The foregoing instrument was acknowledged before me that \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

By \_\_\_\_\_ who is personally known to me or who  
has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Typed/Printed Name of Notary



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I am fully aware of and appreciate the fact that, as an Explorer, I may experience or encounter many of the dangers associated with law enforcement work including, but not limited to, vehicle accidents and altercations with dangerous individuals. I fully realize and appreciate the fact that such dangers may result in physical harm, injury, or death to me.

I, on behalf of myself, my heirs, executors and administrators, voluntarily accept any or all risks associated with this activity, and agree to hold harmless and indemnify **the Town of Kernersville, the Kernersville Police Department, the Chief of Police, along with the directors, officers, employees, agents, representatives, volunteers or servants** of the Town of Kernersville and the Kernersville Police Department from any claim, cause of action, or lawsuit resulting from my participation as an Explorer **including any claim, cause of action or lawsuit based on the negligence, actions or inactions of the Town of Kernersville, the Kernersville Police Department, the Chief of Police, along with the directors, officers, employees, agents, representatives, volunteers or servants** of the Town of Kernersville and the Kernersville Police Department.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name of KPD Explorer

State of North Carolina

County of Forsyth

The foregoing instrument was acknowledged before me that \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

By \_\_\_\_\_ who is personally known to me or who  
has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Typed/Printed Name of Notary