



**NEW ROCHELLE POLICE DEPARTMENT
LAW ENFORCEMENT EXPLORER PROGRAM
POST #1701**

Please type or print all information neatly. **Applications due by August 5, 2011!!**

Name: _____

Date of Birth: _____

Home Address: _____

Home Phone#: _____ Cell Phone# _____

Driver's License I.D. #: _____

Non-Driver's I.D.# _____

School Currently Attending: _____

Grade: _____ School I.D. (if applicable) _____

Height: _____ Weight: _____ Eye Color: _____

Allergies/ Medical/Physical Conditions: _____

Parent/Guardian Authorizing Membership: _____

Emergency Contact# of Parent/Guardian: _____

References (non-family members): *NOTE* All references will be contacted so kindly inform them that we will be speaking to them

Work References (If you have ever been employed)

1 Name: _____ Relation: _____
Phone Number: _____

2 Name: _____ Relation: _____
Phone Number: _____ Relation: _____

Personal References (Clergy, Coach, Professional, Teacher)

1 Name: _____ Relation: _____
Phone Number: _____

2 Name: _____ Relation: _____
Phone Number: _____ Relation: _____

Please answer the following questions:

1. Have you ever been arrested? If yes, explain why.

2. Do you belong to or are you affiliated with any gang or gang member?
If yes, where?

3. Have you ever used or experimented with any type of drug(s) and/or alcohol?

4. Are you now, or have you ever been on probation or PINS?

5. Have you ever been an Explorer with any other department?

6. List any hobbies/interests/certifications

7. List any clubs/ organizations to which you belong

8. Please provide a brief summary of why you would like to become an Explorer and describe any qualities that best identify you as an individual

*All prospective members please note that you must maintain a minimum of a “C” average in school to be accepted into our program. Please attach a copy of your most recent report card. Please read and sign the following:

I have answered the following questions on this application to the best of my knowledge. I understand that the New Rochelle Police Department reserves that right to reject any application based on the information contained within. I also understand that the New Rochelle Police Department reserves the right to dismiss an Explorer for inappropriate behavior while in the program. I further understand that the New Rochelle Police Department accepts no responsibility for the loss or damage to the personal property of any Explorer. I further recognize that there are certain risks of injury, damage or loss that I or my child may sustain as a result of his/her participation. I give permission to the medical personnel selected by the New Rochelle Police Department to administer, in my absence, emergency medical services to my child while in their care. I agree to waive and relinquish any/all claims against the New Rochelle Police Department, its sponsors, volunteers and employees.

Prospective Explorer’s Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

*Prior to submitting this application, you are required to schedule an interview with Detective Fudge & Detective Smith (Interviews will be held in August).

My interview date and time is: _____

Upon completion of this application mail or personally deliver forms to:
P.A.C.T. Unit Det Fudge &
Det B Smith 475 North
Ave New Rochelle, NY
10801

If you have any questions please call Det. Fudge (914) 235-4785 or Det B Smith (914) 654-2320 or email us at tfudge@newrochelleny.com or bsmith@newrochelleny.com