



# Brighton Police Explorer Post #23

## Application and Background Packet

<b>Full Name:</b>	First	Middle	Last
<b>Date of Birth:</b>		<b>Date of application:</b>	

**Notice to applicants:**

Explorers and officers from the Brighton Police Department will review your application. It will be reviewed as a part of your background investigations to determine if you meet the minimum qualifications to become a Brighton Police Explorer. This review process may take several weeks.

Untruthful information on this application automatically disqualifies you for the Brighton Police Explorer. It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances surrounding its occurrence, and consideration will be given to the degree of relevance it has to participation with this explorer post. Do not have another person make entries for you. If a question does not apply to you, write "N/A" in the space provided for your answer.

**PLEASE READ THE WAIVER IN THIS PACKET CAREFULLY AND HAVE YOUR SIGNATURE NOTARIZED BEFORE RETURNING THEM TO OUR OFFICE.**

The contents of this Personal History Statement will be considered confidential and will be used only for investigating participation suitability with the Brighton Police Department Explorer Post, or another agency in possession of a notarized permission waiver signed by you.

**There is one exception to the confidentiality of your background investigation. Should it be discovered that you are currently involved in criminal activity, or have committed an undiscovered felony, the law enforcement agency having jurisdiction WILL BE NOTIFIED.**

### Follow these directions carefully:

1. Use black ink on this application.
2. Read and answer each question carefully.
3. Print LEGIBLY in your own handwriting. ILLEGIBLE APPLICATIONS ARE DISCARDED
4. Use the back of the pages or attach additional pages if you need more space.
5. Before you return the application, re-read it carefully and sign it.
6. Return this application to the Brighton Police Department at 3401 E Bromley Ln Brighton, CO

**I HAVE READ AND COMPLETELY UNDERSTAND THE ABOVE STATEMENT.**

Signature of Explorer Applicant: \_\_\_\_\_

Signature of Parent (if under 18): \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

The City of Brighton employs without regard to a person's race, religion, color, creed, national origin, gender, sexual orientation, marital status, age or a person's disabilities, who is otherwise qualified to perform the essential functions of a position with the City of Brighton with or without reasonable accommodation.



## Employment

Are you currently working?

Yes

No

Have you ever been dismissed or fired from a job?

Yes

No

List your previous three employers:

Name of Company/Business:			
Business Address:			
Describe your responsibilities:			
Start Date:	End Date:	Last Supervisor's Name:	Supervisor's Phone Number:
Reason for leaving/termination:			

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Business Address:			
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Business Address:			
Describe your responsibilities:			
Start Date:	End Date:	Last Supervisor's Name:	Supervisor's Phone Number:
Reason for leaving/termination:			

## Volunteer Experience

Name of Organization:			
Organization Address:			
Start Date:	End Date:	Last Supervisor's Name:	Supervisor's Phone Number:

Do you still volunteer with this organization?

Yes

No



## Police Contact

The following information pertains to you contact with law enforcement in general. **EXPLAIN ALL "YES" ANSWERS EITHER ON THE BACK SIDE OF THIS PAGE OR ATTACHED EXTRA PAGES.** Include dates, locations, and the outcome of any listed contacts. Do not include Public Relations type contacts, for example, simply meeting the School Resource Officer at you school would not be considered a police contact.

### General Police Contact

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Have you ever been questioned by the police concerning a crime?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been warned about anything by a Police Officer?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been detained by a Police Officer for any reason?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been accused of a crime by any official?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been charged with a criminal offense?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have the Police been called to your house for any reason?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been convicted of a crime?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been issued a traffic citation or any other ticket? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there any other criminal activity in your background?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been suspended from school?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has School Security ever detained you?                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Driving History

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Do you currently have a valid driver's license?                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has your driver's license ever been suspended, canceled, denied, or revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has your driving privilege ever been refused by any state?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has your driver's license ever been taken away by your parents or guardians? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been in a traffic accident where you were the driver?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Alcohol History

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Have you ever consumed any type of alcoholic beverage?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever consumed alcohol for recreational purposes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been caught drinking?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Drug Use History

This section does not refer to drugs prescribed by a doctor or administered for medical reason.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Have you ever used marijuana?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever taken drugs for recreational use?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you used steroids?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever used amphetamines (speed)?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever used cocaine?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever used opium or its derivatives (heroin / morphine)?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever used a hallucinogenic drug (LSD / PCP / Mushrooms / Ecstasy)?                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever sold any form of drug or prescription?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever tried any form of synthetic drug?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there illegal drugs presently in your home or car?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever purchased drugs?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever participated in the manufacturing, cultivation, production, or transportation of any drug? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever traded drugs for good or services, or vice versa?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever had any illegal drugs in your possession while at work or school?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Organizational Memberships

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Have you ever been the member of a street gang?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been a member of a group who commits crimes?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you hold citizenship in any country other than the United States of America? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been a member of the communist or similar party?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been a member of a hate group?                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



## Release of information and liability

I affirm that this questionnaire contains no misrepresentations of falsifications, omissions, or concealment of material facts and that information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on the questionnaire are subject to later investigation. I am further aware that should any investigation disclose misrepresentation, falsification, omission or concealment of material fact, my application may be rejected and my name removed from the eligible lists. If already appointed, I may be dismissed.

I authorize the Brighton, Colorado Police Department to make inquiry of employers, schools, and references listed on the questionnaire regarding my integrity, reputation, and character.

I realize that it is necessary for the Brighton, Colorado Police Department to thoroughly investigate all aspects of my personal background and qualifications, and by applying to be a volunteer with the Department, I expressly waive all my legal rights and causes of action to the extent that the Brighton, Colorado Police Department investigation (for the purposes of evaluating my suitability or application for employment) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

The undersigned further agrees to hold harmless and release from liability under any and all possible causes of legal action the city of Brighton, Colorado Police Department, their officers, agents, and employees for any statements, acts, or omissions in the course of their duties.

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

\_\_\_\_\_  
Date

(If applicant is under the age of 18 years old, the parents or legal guardians must complete the following.)

I, the parent/ guardian of \_\_\_\_\_, have read the application for the Brighton Police Department Explorer Program and do also agree with the above mentioned statements. I also agree to allow my son/daughter to participate in Explorer activities if he or she is accepted into the Explorer Post. I also agree to exonerate and hold blameless the Chief of Police of the City of Brighton, its officers, advisors, and Explorers in the event of any accident or injury that may occur as a result of his/her participation in Exploring activities with the organization.

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

\_\_\_\_\_  
Date

Subscribed and affirmed before me in the county of \_\_\_\_\_, State of Colorado, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary's official signature)

Notary

Seal

\_\_\_\_\_  
(Commission Expiration)

## EXPLORER RIDE ALONG APPLICATION

Date:	Age Group <input type="checkbox"/> Under 18 <input type="checkbox"/> 18 and Over
Name:	DOB:
Home Address:	Phone Number:
Work Address:	Phone Number:

### PARENT AUTHORIZATION (if Explorer under 18 years old)

Your son or daughter has filled out an application to participate in the ride-along observer program. This program is offered by the Brighton Police Department to help foster better relationships with the public while providing an infield view of law enforcement in action.

The program affords the explorer an opportunity to ride in a patrol car for a shift. The explorer will ride with an on-duty officer patrolling a designated district within the city. The program is so designed that it should not interfere with normal meal hours. However, a meal stop cannot be guaranteed. Attached is a list of rules pertinent to the ride-along explorer and responsibility waiver form. The rules are designed to protect the explorer.

Please read the enclosed carefully. If you do not object to the participation of your son/daughter, your signature below and on the enclosed forms is necessary in order that your son/daughter may be included in the program.

I HAVE FULLY READ AND UNDERSTAND THE ABOVE INFORMATION:

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

\_\_\_\_\_  
Signature of Explorer

### RULES PERTAINING TO RIDE ALONG EXPLORERS

- Suitable attire shall include slacks or other clean and neat looking pants, collared shirts or blouse and shoe. T-shirts, sandals, tank tops, shorts, or ripped or torn clothing or other clothing appearing inappropriate will not be permitted.
- No firearms are permitted in the police building or the patrol car either open carry or with a valid Concealed Weapons Permit.
- The Explorer will not become involved in any investigation, handling of evidence, discussions with victim or suspects or handling any police equipment.
- An Explorer ride along shall not enter a private residence with an officer without the express consent of the resident or other authorized person.
- An Explorer shall not record, videotape, or take pictures of any official activity while on a ride along without the express consent of the shift supervisor.
- An Explorer shall not talk to the media or post any comments on any website relating to any incident observed or experienced while on a ride along.
- Cell phones will be required to be turned off during the ride along.



**AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT**

WHEREAS, I, \_\_\_\_\_, being a member of the Brighton Police Explorer Post of the City of Brighton, have voluntarily requested to ride in a vehicle assigned to the Brighton Police Department and accompany a member of members of the Brighton Police Department during the performance of their official duties: and

WHEREAS, the Police Department of the City of Brighton is willing to allow me to ride as an Explorer in a vehicle assigned to the Brighton Police Department and to accompany a member or members of said department during the performance of their official duties.

NOW THEREFORE, in consideration of the permission granted to me by the Police Department of the City of Brighton, I do hereby agree as follows:

1. That I am aware that the work of the Brighton Police Department is inherently dangerous and that I may be subjected to the risk of death, personal injury or damage to my property by accompanying a member of members of the Brighton Police Department during the performance of their official duties and I freely, voluntarily, and with such knowledge assume the risk of death, personal injury, or property damage arising from or in any way connected with the use of weapons, an automobile collision, unlawful acts of forcible resistance by law violators or suspected law violators, assaults, riot, breach of the peace, fire, explosion, gas, electrocution, or the escape of radioactive substance or sustain injury in any other way while accompanying a member of members of the Brighton Police Department during the performance of their official duties;
2. That the City of Brighton, its officers and employees, the Brighton Police department, all members of the Police Department, their sureties, and each of them, shall not be responsible or liable for any injury, damage, loss or expense, whether to me or my property incurred while riding in any vehicle assigned to the City of Brighton or while accompanying any member of members of said agency during the performance of their duties.
3. I agree by myself, my heirs, personal representatives and assigns to defend, indemnify the City of Brighton, its officers and sureties and each of them, against any and all manner of actions, causes, suits, debts, claims, demands, or damages or liability or expenses of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission of mine or of my child or war, as applicable, while riding in any vehicle assigned to the City of Brighton Police Department, or while accompanying any member of members of the Brighton Police Department during the performance of their official duties.
4. I agree for my children and my ward, as applicable, to defend, indemnify the City of Brighton, its officers and employees, all members of the Brighton Police Department, their sureties and each of them, against any and all manner of actions causes, suits, debts, claims, demands, or damages or liability or expenses of every kind and nature incurred by my child or war, as applicable, riding as an explorer in any vehicle assigned to the Brighton Police Department or while accompanying any member of members of the Brighton Police Department during the performance of their official duties.
5. I understand that all equipment in the police vehicle are for the official use and I am prohibited from operating any equipment without specific instruction and permission of the police officer.

I hereby represent that I have carefully read and understood the contents of this document and sign the same of my own free will.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Parent or Guardian (If Explore is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness