

# ORLANDO POLICE EXPLORER APPLICATION



Orlando Police Department Headquarters  
100 South Hughey Avenue  
Orlando, Florida 32801-2501  
407.246.2470

TO SUBMIT APPLICATION: Fill out, save and attach the form in an email to [scott.daniels@cityoforlando.net](mailto:scott.daniels@cityoforlando.net) or use a black ink pen to fill out the form. Applications filled out in pen may be scanned and emailed to [scott.daniels@cityoforlando.net](mailto:scott.daniels@cityoforlando.net) or mailed or dropped off to the address above. It is important that you answer all questions on this application fully and accurately.

**I- Personal Info:**

Please fill out completely:

**A:**  
**Name:** \_\_\_\_\_  
(last) (Mid. Initial) (First)

**Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**B:**  
**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**C:**  
**Telephone:** **Home:** ( ) \_\_\_\_\_ ó **Cell:** ( ) \_\_\_\_\_ "ó

**Email:** \_\_\_\_\_

**D:**  
**Mother's Name:** \_\_\_\_\_  
(Last) (Mid. Initial) (First)

**Telephone:** **Home:** ( ) \_\_\_\_\_ "ó **Cell:** ( ) \_\_\_\_\_ ó  
**Work:** ( ) \_\_\_\_\_ ó

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E:**  
**Father's Name:** \_\_\_\_\_  
(Last) (Mid. Initial) (First)

**Telephone:** **Home:** ( ) \_\_\_\_\_ ó **Cell:** ( ) \_\_\_\_\_ ó"  
**Work:** ( ) \_\_\_\_\_ ó

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**II- Personal References:**

Please fill out completely. References may not be a relative. You must know the reference for two or more years.

1. **Name:** \_\_\_\_\_

**Home Phone:** (    )      **ó**      **Eo ail:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_      **State:** \_\_\_\_\_      **Zip:** \_\_\_\_\_

**How do you know this person?:** \_\_\_\_\_

\_\_\_\_\_

**How long have you known this person?:** \_\_\_\_\_

\_\_\_\_\_

2. **Name:** \_\_\_\_\_

**Home Phone:** (    )      **ó** " " " " " " " " " "      **Eo ail:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_      **State:** \_\_\_\_\_      **Zip:** \_\_\_\_\_

**How do you know this person?:** \_\_\_\_\_

\_\_\_\_\_

**How long have you known this person?:** \_\_\_\_\_

\_\_\_\_\_

3. **Name:** \_\_\_\_\_

**Home Phone:** (    )      **ó** " " " " " " " " " "      **Eo ail:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_      **State:** \_\_\_\_\_      **Zip:** \_\_\_\_\_

**How do you know this person?:** \_\_\_\_\_

\_\_\_\_\_

**How long have you known this person?:** \_\_\_\_\_

\_\_\_\_\_

**III- Criminal/ Drug History:**

Please answer the questions truthfully. Any false statements on this application may lead to the rejection of your application, and your termination in the Orlando Police Explorer Program.

1. Have you ever been arrested, incarcerated, indicted, issued a Notice to Appear, or otherwise charged with a crime? (Including traffic offenses.)

Yes  
No

If Yes, list the date of charge, what the charge was, the police agency, the city, and county. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever been found guilty of any crime? (Including traffic offenses.)

Yes  
No

If Yes, explain in detail. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever possessed or sold illegal drugs?

Yes  
No

If Yes, explain in detail. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever consumed any illegal drug or alcoholic beverages?

Yes  
No

If Yes, explain in detail. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**VI- Questionnaire:**

Please check one:

1. Why did you choose to be in the Orlando Police Explorer Program?

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2. Out of a scale of one hundred, what would be your percentage of participation?

I plan to participate 100 %.  
I plan to participate 75%.  
I plan to participate 50%.  
I plan to participate 25%.

3. What is your GPA. (Might have to use previous year.)

I have a 4.0-3.5  
I have a 3.0-2.5  
I have a 2.0-1.5  
I am not sure at this point.



**IV- Certification:**

**Member**

I, \_\_\_\_\_, agree to submit to the Orlando Police Explorer Program selection process and understand that I must successfully complete this process before given final consideration for membership. I hereby authorize all former employers, educational institutions, and any other persons or individuals to furnish any information concerning me. I certify that all statements given in this application are true and correct. I understand that falsification or misrepresentation on this or any other personnel record may result in me not becoming a member or, once a member, in my termination from the post. I agree to abide by all present and subsequently issued rules of the department. The department is authorized to request a transcript where necessary in order to verify my education. I have read and understand the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

# AUTHORIZATION FOR MEDICAL TREATMENT

I, \_\_\_\_\_ as the legal parent/guardian of \_\_\_\_\_ do hereby request the City of Orlando and the Orlando Police Department notify the following persons in the event of an illness, injury, or emergency. If the listed persons can not be reached or if the minor child listed above requires immediate medical treatment I hereby request and authorize the City of Orlando, the Orlando Police Department, and their employees to seek immediate medical treatment and to transport or seek transport by ambulance if necessary, of said minor child to a medical facility for any treatment deemed to be medically necessary for the health, safety or welfare of the child.

I hereby agree to indemnify, save and hold harmless the City of Orlando, the Orlando Police Department, and their employees from any and all rights, actions, claims, causes of action, suits, losses, damages, judgments, costs, or expense of any kind as well as attorney's fees on appeal, which may result from or occur as a result of or in connection with the participation of the previously listed child in any program sponsored by or promoted by the City of Orlando or Orlando Police Department.

I additionally agree to be responsible for any cost associated with or resulting from said medical treatment and transportation.



**IN CASE OF EMERGENCY PLEASE NOTIFY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Ek{ < \_\_\_\_\_ Ucvg< \_\_\_\_\_ \ kr < \_\_\_\_\_

Home Phone: \* \_\_\_ + \_\_\_ ó \_\_\_\_\_ " Work Phone: \* \_\_\_ + \_\_\_ ó \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Ek{ < \_\_\_\_\_ Ucvg< \_\_\_\_\_ \ kr < \_\_\_\_\_

Home Phone: \* \_\_\_ + \_\_\_ ó \_\_\_\_\_ Work Phone: \* \_\_\_ + \_\_\_ ó \_\_\_\_\_

Allergic Medications: \_\_\_\_\_

Current or Required Medication: \_\_\_\_\_

Physician's Name/Phone#: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date