



**Watsonville Police Department**  
**Jorge Zamora, Chief of Police**  
Cadet Post 501  
215 Union St  
Watsonville, California 95076

---

# Cadet Application

---

Dear Cadet Applicant:

The background investigator will use the information you provide in this packet as a factor in determining your suitability for Cadet with the Watsonville Police Department Cadet Post 501. The investigation will include a comprehensive fingerprint, criminal and driving record check, school records, legal and drug history. Honesty and integrity are the most important qualities in law enforcement. All factors will be fairly evaluated and you will have an opportunity to explain your answers.

***Complete this application thoroughly, accurately, and neatly. Please provide copies of the following documents with your application:***

1. Birth Certificate
2. Middle School or High School report cards or College transcripts
3. High School Diploma (If graduated)
4. California Driver's License (If licensed)

Your application will not be processed without copies of these documents. Also, please ensure you complete the enclosed waivers. You may turn your completed application to the Watsonville Police Department Front Counter, Monday through Friday, from 8:00 A.M. to 5:00 P.M.

***The information you provide is completely confidential and will not be released to any other party or agency without your signed authorization or by court order.***

Official Use Only	
Applicant: _____	
Interviewer: _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Comments: _____	
_____	
_____	

**CONFIDENTIAL**

**Personal Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Other names known by (included previous marriages, maiden names and aliases):  
\_\_\_\_\_

Date of birth (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number (18+ only): \_\_\_\_\_

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

Street Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number (include area code): \_\_\_\_\_

Nighttime Phone Number (including area code): \_\_\_\_\_

Cell Phone Number (including area code): \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Mother's Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Mother's Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Father's Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Father's Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

**Residence**

Are you a United States Citizen?  Yes  No

If naturalized, please provide year and state where occurred: \_\_\_\_\_

Permanent resident alien registration number: \_\_\_\_\_

Are you a California resident?  Yes  No

Birthplace (City and State): \_\_\_\_\_

How long have you lived at your current address? Years: \_\_\_\_\_ Months: \_\_\_\_\_

Please list the names of family members, relatives or roommates currently living with you at your current address:

1.	2.
3.	4.
5.	6.

Have you had any problems or disputes with your current neighbors?  Yes  No

If yes, please provide a brief explanation: \_\_\_\_\_

Have you had any problems or disputes with your current landlord?  Yes  No

If yes, please provide a brief explanation: \_\_\_\_\_

During the last 5 years, have you had any problems with your neighbors?  Yes  No

If yes, please provide a brief explanation: \_\_\_\_\_

Are you currently living with someone who is committing crimes?  Yes  No

Are you currently living with someone who is on probation or parole?  Yes  No

**References – list four references (other than relatives) who know your character.**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ How many years have they've known you? \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ How many years have they've known you? \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

**References Continued**

4. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ How many years have they've known you? \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

3. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ How many years have they've known you? \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Education**

What is your highest level of education:

- High school diploma \_\_\_\_\_ Year
- GED or equivalent \_\_\_\_\_ Year
- College degree \_\_\_\_\_ Year
- Currently attending college / high school

Name of school currently attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Name of high school, city and state graduated from: \_\_\_\_\_

Name of adult school, city and state for GED: \_\_\_\_\_

Name of college, city and state for degree(s): \_\_\_\_\_

What is your degree? \_\_\_\_\_

What was your major? \_\_\_\_\_

Have you ever been expelled or suspended from any high school, vocational school or college?  Yes  No

If yes, please provide a brief explanation: \_\_\_\_\_  
 \_\_\_\_\_

**Employment**

Have you ever applied to the Watsonville Police Department?  Yes  No

If Yes, please list year, position, and the result of your application.

Year	Position	Disposition
		<input type="checkbox"/> Hired <input type="checkbox"/> Non-select <input type="checkbox"/> Disqualified <input type="checkbox"/> Application only
		<input type="checkbox"/> Hired <input type="checkbox"/> Non-select <input type="checkbox"/> Disqualified <input type="checkbox"/> Application only

**Please list your current and previous employers for the past 5 years. Begin with your current employer and work backward.**

Current Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number (including area code): \_\_\_\_\_

Current Supervisor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties or responsibilities: \_\_\_\_\_

Employment dates Hire date: \_\_\_\_\_ to \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number (including area code): \_\_\_\_\_

Current Supervisor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties or responsibilities: \_\_\_\_\_

Employment dates Hire date: \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number (including area code): \_\_\_\_\_

Current Supervisor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties or responsibilities: \_\_\_\_\_

Employment dates Hire date: \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employment**

Have you ever been fired, terminated, or asked to resign from any place of employment?  Yes  No

If yes, please list year and circumstances: \_\_\_\_\_

Would any previous employer decline to rehire you because of your behavior, conduct or attitude?  Yes  No

If yes, please list year and circumstances: \_\_\_\_\_

Have you ever been in a fistfight, hostile confrontation or loud argument with a supervisor or coworker?  Yes  No

If yes, please list year and circumstances: \_\_\_\_\_

Have you ever been disciplined, suspended, or fired for lying or being untruthful?  Yes  No

If yes, please list year and circumstances: \_\_\_\_\_

Within the last five years, have you ever stolen money, property, or equipment from an employer?  Yes  No

If yes, please list year and circumstances: \_\_\_\_\_

**Military**

Have you complied with draft registration laws?  Yes  No  Not applicable

Have you ever served in the military?  Yes  No Branch of service: \_\_\_\_\_

Highest rank achieved: \_\_\_\_\_ Rank when discharged: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Dates of Service: Enlistment date: \_\_\_\_\_ to \_\_\_\_\_

Are you on active military reserve or National Guard?  Yes  No

Do you have any military police training or experience?  Yes  No

Have you ever received any judicial or non-judicial disciplinary action, including a  Yes  No

court martial, Article 15, Captain's Mast or other form of discipline while in the military?

If yes, please provide a brief explanation. \_\_\_\_\_

Are you eligible to re-enlist?  Yes  No

If No, why not? \_\_\_\_\_

**Driving**

Do you possess a California Driver's License?  Yes  No

California Driver's License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

If No, do you possess a California Identification Card?  Yes  No

California Identification Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Have you ever been issued a driver's license issued in another state?  Yes  No

If Yes, please list state and year: State: \_\_\_\_\_ Year: \_\_\_\_\_

Have you ever been refused a driver's license from any state?  Yes  No

If Yes, please explain the circumstances including year. \_\_\_\_\_

## Driving Continue

Has your driver's license ever been suspended, restricted, revoked or placed on probation?  Yes  No  
If yes, please provide a brief explanation. \_\_\_\_\_

During the last 5 years, have you driven a vehicle under the influence of alcohol or drugs?  Yes  No  
If Yes, please explain the circumstances including year. \_\_\_\_\_

Are you currently driving an uninsured vehicle?  Yes  No Insurance provider: \_\_\_\_\_

## Legal

Since the age of 14, have you ever been a gang member or associated with a gang member?  Yes  No  
If Yes, please explain the circumstances including year. \_\_\_\_\_

Since the age of 14, have you committed the crime of graffiti, tagging or similar acts of vandalism?  Yes  No  
If Yes, please explain the circumstances including year. \_\_\_\_\_

Do you currently associate with relative, family members; friends or associates you know are committing a crime?  Yes  No  
If Yes, please explain the circumstances including year. \_\_\_\_\_

Have you ever used a prescription drug not prescribed to you?  Yes  No  
If Yes, please explain the circumstances including year. \_\_\_\_\_

Have you ever sold, provided, or given illegal drugs/narcotics to anyone?  Yes  No  
If Yes, please explain the circumstances including year. \_\_\_\_\_

Have you ever grown marijuana or manufactured any type of drug or narcotic?  Yes  No  
If Yes, please explain the circumstances including year. \_\_\_\_\_

Do you associate with any person who uses illegal drugs or narcotics?  Yes  No  
If Yes, please explain the circumstances including year. \_\_\_\_\_

When was the last time you were present while illegal drugs or narcotics were being used?  
Month: \_\_\_\_\_ Year: \_\_\_\_\_ Location: \_\_\_\_\_

Have you ever grown marijuana or manufactured any type of drug or narcotic?  Yes  No  
If Yes, please explain the circumstances including year. \_\_\_\_\_

Do you associate with any person who uses illegal drugs or narcotics?  Yes  No  
If Yes, please explain the circumstances including year. \_\_\_\_\_

When was the last time you were present while illegal drugs or narcotics were being used?  
Month: \_\_\_\_\_ Year: \_\_\_\_\_ Location: \_\_\_\_\_

Have you ever used, tried, tasted, ingested, inhaled, injected, sniffed, smoked, swallowed, pretended to use, had possession of, simulated use, attempted to use, tested, thought you were using, or experimented with the following?					
	No	Yes	How many times	Month / Year last used	Age last used
Marijuana (grass weed, pot, doobie, mota, joint, refer, ganja)					
Hashish (hash)					
Cocaine (crack, rock, smoked, powder)					
Speed					
Meth (meth-amphetamine, crystal)					
LSD (acid, sugar cube, tabs, white lightning, microdot)					
PCP (angel dust, sherm, killer weed, lovely, whack, love boat)					
Heroin (smack, brown sugar, junk, black tar, "H", mud)					
Opium (dover's power)					
Mushrooms/Peyote (buttons, cactus, shrooms, magic)					
Barbiturates (downers, reds, red devils, pink ladies)					
Amphetamines (uppers, cross tops, whites, bennies)					
Morphine					
Rave Drugs (rohypol, ruffies, rocha, liquid X, love drug)					
Ecstasy (designer drugs, K-hole, E, EXT, GHB, love)					
Amyl Nitrite (rush, locker room, climax, snappers)					
Steroids					
Glue, paint thinner, paint, solvents, aerosols, etc.					



**Prior Law Enforcement**

Have you ever applied for a position (sworn, civilian, volunteer or intern) with any other law enforcement agency?  Yes  No

Please provide agency name, year, position and the results of your application.

Year	Agency	Position	Disposition
			<input type="checkbox"/> Hired <input type="checkbox"/> Non-select <input type="checkbox"/> Disqualified <input type="checkbox"/> Application only <input type="checkbox"/> Hired <input type="checkbox"/> Non-select <input type="checkbox"/> Disqualified <input type="checkbox"/> Application only <input type="checkbox"/> Hired <input type="checkbox"/> Non-select <input type="checkbox"/> Disqualified <input type="checkbox"/> Application only

**Prior Law Enforcement Continued**

Have you had prior law enforcement training?  Yes  No

If Yes, please provide academy, state, and whether or not you graduated. \_\_\_\_\_

Have you ever been terminated or resigned in lieu of termination from a law enforcement agency?  Yes  No

If Yes, please provide a brief explanation. Include agency and year.

Year	Agency	Position	Explanation

The ability to express yourself in writing is extremely important in law enforcement. Please write a thorough essay stating the reasons why you want to become a Cadet with the Watsonville Police Department. Include any qualifications, experience and training you feel would benefit the community and department.

---

---

---

---

---

---

---

---



# Authorization to Release Information

Full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other names used (maiden, prior marriages, adoption, etc.): \_\_\_\_\_

I, \_\_\_\_\_, understand that in connection with the application process, that the  
print your name

Watsonville Police Department may request information from my past employers and/or references, and I also understand that such investigation may include a review of any criminal records. I certify that I have provided complete and truthful information to the Watsonville Police Department regarding all sources of information concerning my past employment, education, certification and criminal conviction record, as well as any other information requested in my employment application, and have been fully informed that any misrepresentations or material omissions concerning such information will be grounds for denying my application, withdrawing any offer of appointment or immediate discharge. In order to assist the Watsonville Police Department in obtaining documents and information to confirm my background, I hereby consent to the release of the information as described below.

I request, authorize and consent to the release of information to the Watsonville Police Department regarding my previous and current employment, and authorize all employers or agents that they may designate, to respond forthrightly to verbal or written inquiries from the Watsonville Police Department regarding my employment record, including but not limited to: positions held, dates of employment, beginning and end pay rates; work performance; disciplinary records, reliability and any incidents of dishonesty; insubordination, violence and/or unsafe behavior; harmful or threatening behavior, including information based upon materials in my personnel files.

Further, I direct you to release such information upon request of any duly accredited representative of the Watsonville Police Department, regardless of any agreement, instructions or representations I may have made with your previously to the contrary.

I further request, authorize and consent to the Watsonville Police Department's investigation of whether I have a record of criminal convictions, and if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means. The Watsonville Police Department has advised me that any criminal background check will focus on convictions, and that a conviction as such will not necessarily disqualify me from appointment.

I also waive any and all rights and claims I may have against the Watsonville Police Department, its employees, representatives or agents, former educational institutions, or any person listed as a reference, from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure or release of such information by any person or party, whether such information is favorable or unfavorable to me in compliance with California Civil Code Section 47 as amended. It is with full understanding and consent that I agree that a photocopy of this authorization may be used only for the purposes stated above.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If the Participant is under 18 years of age or legally incapacitated, both parent(s) or guardian(s) must sign.**

---

## Watsonville Police Cadet Post 501 Shooting Range Waiver and Release

I, \_\_\_\_\_, and I, \_\_\_\_\_, and  
Participant Parent(s) / Guardian(s)  
\_\_\_\_\_, hereby assume all risks of Participant's involvement in the  
Parent(s) / Guardian(s)

Watsonville Police Department's Cadet program. I recognize that Participant's involvement in the above-described activity is inherently dangerous and I accept those dangers.

I hereby consent to the administering of medical treatment to Participant in the event of injury, accident, and/or illness during this activity.

I agree that Participant shall obey all orders, rules, and procedures associated with this activity. I also understand that if during Participant's involvement in this activity, Participant exhibits any misconduct or violates any order, rule, or procedure, Participant shall be dismissed from such activity, and depending on the severity of Participant's actions, Participant may also be dismissed from the Cadet Post. I understand that Participant is responsible for the reasonable care of equipment Participant uses in the conduct of this activity and that any wrongful destruction of such equipment will be charged to Participant and/or Participant's parent(s)/guardian(s) shall be responsible for the replacement costs of such items.

In consideration of my/Participant's being permitted to participate in this activity, and on behalf of myself, my executors, administrators, heirs, successors and assigns, I hereby:

- (A) WAIVE, RELEASE AND DISCHARGE FROM LIABILITY the City of Watsonville and its directors, officers, employees, volunteers, representatives and agents, and the activity holders, sponsors, directors and volunteers or the death, injury or property loss or damage of Participant or actions of any kind which may accrue to me as a result of Participant's involvement in this activity and
- (B) Agree to INDEMNIFY AND HOLD HARMLESS the above-mentioned entities or persons from any and all liabilities or claims made by other individuals or entities as a result of any Participant's actions during this activity except for those claims arising from the sole negligent or willful conduct of the City of Watsonville, its employees or agents.

I acknowledge that this waiver, release and indemnity that I have signed will be used by the City of Watsonville and its employees and agents to protect themselves from liability arising from Participant's involvement in the above-described activity, and that it will govern Participant's actions and responsibilities at said activities. I understand that if Participant is injured this waiver release and indemnity will be used against Participant, Participant's parent(s)/guardian(s), and anyone else claiming damages as a result of such injury in any legal action.

This waiver, release, and indemnity shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and understand its content.

If I am signing this form as a parent or guardian, I further certify that I am the parent or guardian of the above-named Participant that that I will hold each of the above-named individuals and entities harmless and indemnify each in the event of any loss whatsoever due to a defect in my legal capacity.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If the Participant is under 18 years of age or legally incapacitated, both parent(s) or guardian(s) must sign.**

# Watsonville Police Cadet Post 501 Ride-Along Waiver and Release

I, \_\_\_\_\_, and I, \_\_\_\_\_, and  
Participant Parent(s) / Guardian(s)  
\_\_\_\_\_, hereby assume all risks of Participant's involvement in the  
Parent(s) / Guardian(s)

Watsonville Police Department's Cadet program. I recognize that Participant's involvement in the above-described activity is inherently dangerous and I accept those dangers.

I hereby consent to the administering of medical treatment to Participant in the event of injury, accident, and/or illness during this activity.

I agree that Participant shall obey **all** orders, rules, and procedures associated with this activity. I also understand that if during Participant's involvement in this activity, Participant exhibits any misconduct or violates any order, rule, or procedure, Participant shall be dismissed from such activity, and depending on the severity of Participant's actions, Participant may also be dismissed from the Explorer Post. I understand that Participant is responsible for the reasonable care of equipment Participant uses in the conduct of this activity and that any wrongful destruction of such equipment will be charged to Participant and/or Participant's parent(s)/guardian(s) shall be responsible for the replacement costs of such items.

In consideration of my/Participant's being permitted to participate in this activity, and on behalf of myself, my executors, administrators, heirs, successors and assigns, I hereby:

- (C) **WAIVE, RELEASE AND DISCHARGE FROM LIABILITY** the City of Watsonville and its directors, officers, employees, volunteers, representatives and agents, and the activity holders, sponsors, directors and volunteers or the death, injury or property loss or damage of Participant or actions of any kind which may accrue to me as a result of Participant's involvement in this activity and
- (D) Agree to **INDEMNIFY AND HOLD HARMLESS** the above-mentioned entities or persons from any and all liabilities or claims made by other individuals or entities as a result of any Participant's actions during this activity except for those claims arising from the sole negligent or willful conduct of the City of Watsonville, it's employees or agents.

I acknowledge that this waiver, release and indemnity that I have signed will be used by the City of Carlsbad and its employees and agents to protect themselves from liability arising from Participant's involvement in the above-described activity, and that it will govern Participant's actions and responsibilities at said activities. I understand that if Participant is injured this waiver release and indemnity will be used against Participant, Participant's parent(s)/guardian(s), and anyone else claiming damages as a result of such injury in any legal action.

This waiver, release, and indemnity shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and understand its content.

If I am signing this form as a parent or guardian, I further certify that I am the parent or guardian of the above-named Participant that that I will hold each of the above-named individuals and entities harmless and indemnify each in the event of any loss whatsoever due to a defect in my legal capacity.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If the Participant is under 18 years of age or legally incapacitated, both parent(s) or guardian(s) must sign.**

# ADULT APPLICATION

**For the following positions and participants:**

- Exploring or Learning for Life committee positions
- Exploring adult leaders 21 years and older
- Explorers 18 through 20 years old (Exploring participants)

## EXPLORING<sup>TM</sup>

**Mission:** To deliver character-building experiences and mentorship that allow youth to achieve their full potential in both life and work.

### 18- THROUGH 20-YEAR-OLDS (EXPLORING PARTICIPANTS)

Beginning **\*January 6, 2020**, all applicants 18 through 20 years old must complete and submit this adult application, consent to a criminal background check, and successfully complete Youth Protection training. However, an 18- through 20-year-old will still be considered an adult Exploring participant in the post, and not considered an adult leader. Exploring participants cannot be counted toward two-deep leadership requirements. Once an Explorer turns 18, they will need to complete an adult application to register as an 18- through 20-year-old Exploring participant.

## LEARNING FOR LIFE<sup>TM</sup>

UPLIFTING STUDENTS · BUILDING CHARACTER · DEFINING LEADERSHIP

**Mission:** To empower students to build exceptional character and leadership skills by guiding them through an innovative, research-based curriculum that enhances the learning experience and teaches the skills necessary to succeed both academically and throughout their lives.

### CRIMINAL BACKGROUND CHECK\*

In order to complete the adult application process, you will need to review the disclosures that have been provided to you separately. The separate authorization form must be signed and returned when you submit your application.

***\*The three different background check forms must be torn off and each separately given to the applicant.***

### YOUTH PROTECTION TRAINING

All volunteers and 18- through 20-year-old Explorers are required to complete the adult application process before interacting with Explorers under the age of 18 and must complete the training every two years. Training is available online at [www.exploring.org/training-safety](http://www.exploring.org/training-safety), or contact your local Exploring office for classroom training. Include a copy of your Youth Protection training completion certificate with your application.

## Leader Requirements

Adult leaders must possess the moral, educational, and emotional qualities that Learning for Life and Exploring deem necessary for positive leadership to youth. They must also:

- Reside within the USA or a U.S. territory, or be a U.S. citizen residing outside the USA.
- Respect and obey the laws of the United States of America.
- Be 21 years of age or older for primary leadership positions.
- Complete Youth Protection training (YPT) before application is processed and renew training as required by going to [www.exploring.org/training-safety](http://www.exploring.org/training-safety) and creating an account.
- Review the disclosure information related to the background check process and complete and sign an Exploring Background Check Authorization form.
- Take leader position-specific training at [www.exploring.org/training-safety](http://www.exploring.org/training-safety). Classroom training may also be available through your local council.
- Hold only one position within the same unit. The executive officer may multiple as the committee chair or a committee member.

### Approval Required—Unit Adults

The committee chair is approved by the executive officer. All other adult leader applications must be accepted and approved by the executive officer or committee chair.

### Approval Required—Council and District Adults

**Scout executive or designee** must accept and approve all council and district adults. **Scout executive or designee** must approve any adults who answer “yes” to any additional information question.

The adult leader application process will not be complete until Youth Protection training has been completed and a criminal background check has been obtained.

**Health information.** You should inform your unit leadership of any condition that might limit your participation. Before participating in activities with your unit, please fill out the Annual Health and Medical Record found on [www.exploring.org](http://www.exploring.org) and provide it to your unit leadership.

**The annual national registration fee is nonrefundable.**

### Learning for Life and Exploring Privacy Policy

Learning for Life and Exploring protect the confidentiality of the names and personal information of those who are affiliated with the organization. No commercial or unauthorized use is made of the names, addresses, and other confidential information. Learning for Life and Exploring, and their affinity groups, may use registration information to notify registrants of benefit opportunities.

### Training for New Leaders

Learning for Life and Exploring are committed to your success as a volunteer while serving young people. To help you be successful there are training materials designed for you. Training resources are available through your local council and at [www.exploring.org/training-safety/](http://www.exploring.org/training-safety/).

### What Makes a Trained Leader?

You are considered a trained leader when you have completed leader position-specific training for your position and have current Youth Protection training. Training can be taken at [www.exploring.org/training-safety/](http://www.exploring.org/training-safety/).

## Youth Protection Begins With You™

Child abuse is a serious problem in our society, and unfortunately, it can occur anywhere. Youth safety is of paramount importance to the organization. For that reason, Learning for Life continues to create barriers to abuse beyond what have previously existed in Learning for Life and Exploring.

Learning for Life is committed to providing a safe environment for young people. Learning for Life provides parents and adult leaders with numerous online and printed resources on youth protection. All adult leaders must complete Youth Protection training as part of the registration process and renew their training as required. It is highly recommended that parents who participate in Learning for Life and Exploring activities complete YPT. Learning for Life publications and other media also provide strategies for personal safety awareness for youth and their parents. To learn more about the organization’s Youth Protection resources and to find age-appropriate programs, go to [www.exploring.org/training-safety](http://www.exploring.org/training-safety).

All persons involved in Learning for Life and Exploring programs must immediately report to local authorities any good-faith suspicion or belief that any child is or has been physically or sexually abused; physically or emotionally neglected; exposed to any form of violence or threat; or exposed to any form of sexual exploitation including the possession, manufacture, or distribution of child pornography, online solicitation, enticement, or showing of obscene material. No person may abdicate this reporting responsibility to any other person.

Additionally, any **known or suspected abuse or behavior that might put a youth at risk** must also be reported to the local Scout executive or the helpline (1-844-726-8871).

## Youth Protection Policies

Youth Protection policies help to protect youth as well as adult volunteers. These and other key policies are addressed in the Youth Protection training:

- Two registered adult leaders 21 years of age or over are required at all activities, including meetings. There must be a registered female adult leader 21 years of age or over in every unit serving females. A registered female adult leader 21 years of age or over must be present for any activity involving female youth.
- One-on-one contact between youth members and adults is prohibited at any time and location, except for situations involving transportation of a child with the prior authorization of the parent/guardian. Even personal conferences must be conducted in plain view of others.
- Corporal punishment, hazing, and bullying are not permitted in Learning for Life and Exploring. Only constructive discipline is acceptable. Parents and unit leaders must work together to solve discipline problems.
- Separate accommodations for adults and Explorers (males and females and Explorers of disparate ages) are required.
- Youth privacy is respected.
- Leaders are responsible for enforcing Youth Protection policies and reporting any abuse or policy violations.

Position Codes	
IH	Executive Officer
PCC	Post Committee Chair
PMC	Post Committee Member
EA	Exploring Post Advisor
AA	Exploring Post Associate Advisor
<b>*EP</b>	<b>18- through 20-Year-Old Exploring Participant</b>
C12	National Exploring Committee Member
34	Council Exploring/LFL Committee Chair
34M	Council Exploring/LFL Committee Participant
63	District Exploring/LFL Committee Chair
63M	District Exploring/LFL Committee Participant
ES	Exploring Club Sponsor
AS	Exploring Club Associate Sponsor
137	Council Service Team Chair
138	Council Service Team Member
139	District Service Team Chair
140	District Service Team Member

**\* Beginning January 6, 2020, this is a mandatory position code for 18- through 20-year-olds. NOTE: The updated start date for this policy is August 1, 2020.**

*Tear off the following pages and provide to applicant separately.*

BACKGROUND CHECK  
DISCLOSURE

A consumer report is a background check in which information (which may include, but is not limited to, criminal background, driving background, character, general reputation, personal characteristics, and mode of living) about you is gathered and communicated by a consumer reporting agency (“CRA”) to Learning for Life/ Exploring and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the “Company”).

Company may obtain a consumer report on you to be used for employment purposes (in your case, this means for the purpose of evaluating you as a new or existing volunteer).



## CALIFORNIA STATE LAW DISCLOSURES

### (Non-Credit)

Under California law, an “investigative consumer report” is a consumer report in which information on a consumer’s character, general reputation, personal characteristics, or mode of living is obtained through any means. Learning for Life/ Exploring and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the “Company”) may obtain an investigative consumer report (which may include information described above) from an investigative consumer reporting agency (“ICRA”) on you in connection with your status as a volunteer (i.e., for employment purposes under California law). The nature and scope of this investigation includes your character, general reputation, personal characteristics, or mode of living information, including criminal history, presence on exclusion lists (e.g. OIG/GSA and OFAC), driving record, references, education history, work history, and licensure/certifications.

The ICRA preparing the investigative consumer report and conducting the investigation will be First Advantage, P.O. Box 105292, Atlanta, GA 30348, 800-845-6004. Information regarding First Advantage’s privacy practices can be found at <https://fadv.com/privacy-policy/>.

Under California Civil Code section 1786.22, you are entitled to a visual inspection of files maintained on you by an ICRA, as follows:

- (1) In person, if you appear in person and furnish proper identification, during normal business hours and on reasonable notice. A copy of your file shall also be available to you for a fee not to exceed the actual costs of duplication services provided;
- (2) By certified mail, if you make a written request, with proper identification, for copies to be sent to a specified addressee. An ICRA complying with requests for certified mailings under California Civil Code section 1786.22 shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA;
- (3) A summary of all information contained in your files and required to be provided by California Civil Code section 1786.10 shall be provided to you by telephone, if you have made a written request, with proper identification for telephone disclosure, and the toll charges, if any, for the telephone call are prepaid by you or charged directly to you.

“Proper Identification,” as used above, means information generally deemed sufficient to identify you, which includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you pursuant to California Civil Code section 1786.10 and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection under California Civil Code section 1786.22.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.

# **ADDITIONAL DISCLOSURES & BACKGROUND CHECK AUTHORIZATION**

## Additional Disclosures

*The state disclosures below are included because state law requires them to be provided in writing. Some of the below rights, notices, or information also may apply to individuals from, applying to, or volunteering in states not listed below. There may be additional requirements, options, or provisions applicable to you and you may have additional rights under applicable law that are not required to be disclosed to you in writing.*

**Minnesota:** You have the right to request a complete and accurate disclosure of the nature and scope of any consumer report from First Advantage, P.O. Box 105292, Atlanta, GA 30348, 800-845-6004.

**New York:** Learning for Life/Exploring and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the "Company") may request or utilize subsequent consumer reports (other than investigative consumer reports) on you throughout your volunteer relationship with Company. Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the CRA that furnished the report. Your written request should be made to Company at Learning for Life/Exploring, Membership Standards Team S201, 1325 West Walnut Hill Lane, P.O. Box 152079, Irving Texas 75015-2079. You may also contact the Company by email at [MembershipStandards@scouting.org](mailto:MembershipStandards@scouting.org).

## Authorization

(Please print)
Name: First _____ Middle _____ Last _____ Suffix _____
List any other names used (nickname, maiden/married last names): _____
Date of birth: _____ Unit Type and Number: _____

To the extent permitted by applicable law, I hereby consent to and authorize the Learning for Life/Exploring and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the "Company") to procure consumer report(s), which may include criminal background check(s) and/or investigative consumer report(s) (as defined by applicable California state law), on my background from a consumer reporting agency ("CRA") or from an investigative consumer reporting agency ("ICRA"), as described in the **Background Check Disclosure and the California State Law Disclosures (Non-Credit)**(each of which I have received separately from the Company), as well as these **Additional Disclosures & Background Check Authorization**. I have reviewed and understand the information, statements, and notices in the **Background Check Disclosure** and the **California State Law Disclosures (Non-Credit)**, as well as these **Additional Disclosures & Background Check Authorization**. My authorization remains valid throughout my volunteer relationship with the Company, such that, to the extent permitted by applicable law, I agree Company can procure additional consumer report(s), which may include criminal background check(s), during my volunteer relationship without providing additional disclosures or obtaining additional authorizations. Except as otherwise prohibited by applicable law, I consent to and authorize the Company to share this information with Company's current or prospective clients, customers, others with a need to know, and/or their agents for business reasons (e.g., to place me in certain positions, work sites, etc.). I understand that, if I am selected for a volunteer position, a consumer report will have been conducted on me.

For California, Minnesota, or Oklahoma individuals: If you would like to receive from the CRA, the ICRA, or the Company (as applicable) a copy of the report that Company may procure, please check this box.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# LEARNING FOR LIFE AND EXPLORING ADULT APPLICATION

Please print one letter in each space.

First name (No initials or nicknames)

Middle name

Last name

Suffix





Preferred nickname:

Country

Mailing address

City

State

Zip code

Primary phone

Alternate phone

Ext.

 -  -   -  -  X 

Date of birth (mm/dd/yyyy)

Ethnic background:

Driver's license No.

State

 /  / 
 Black/African American  Native American  Alaska Native  Asian  Caucasian/White  Hispanic/Latino  Pacific Islander  Other
 

Gender

Social Security No. (required)

Occupation

Employer

 M  F
  -  - 



Country

Business address

City

State

Zip code




Position Code

Position (description)

Email address

Work  Home

 @ 

I hereby certify that:

1. I agree to comply with the rules and regulations of Learning for Life and Exploring, and the local council.

INITIALS  
REQUIRED

Signature of applicant

Date

2. I affirm that the information contained in this application is true and accurate to the best of my knowledge and belief.

INITIALS  
REQUIRED

 YPT completion certificate attached  Background Check Authorization form attached  Qualify for 28-573 (Criminal Background Exemption)
  Yes  No

## To be completed by unit

*Careful review of the information provided on this application is a significant step in Learning for Life's efforts to protect its youth members and deliver a quality program.*

APPROVALS FOR UNIT ADULTS: I have reviewed this application and the responses to any questions answered "Yes," and have made any follow-up inquiries necessary to be satisfied that the applicant possesses the moral, educational, and emotional qualities to be an adult leader in Learning for Life or Exploring.

APPROVAL FOR COUNCIL AND DISTRICT ADULTS: I have reviewed this application and have made any follow-up inquiries necessary to be satisfied that the applicant possesses the moral, educational, and emotional qualities to be an adult leader in Learning for Life or Exploring.

Signature of executive officer or designee

Date

Signature of Scout executive or designee

Date

Unit Type:  Post  Club  Multiple (Exploring only)

New leader  
 Former leader  
 Exploring participant (EP)

If applicant has an unexpired LFL/Exploring membership certificate, registration may be accomplished at no charge by transferring the registration or multiple registering.

Transfer application Enter membership number from unexpired certificate:

Transfer from council number:  Unit type:  Post  Club Unit No.:

Unit No.  OR  District name  Term:  Months

Registration fee \$  PAID:  Cash  Check No.   Credit card

All questions MUST be answered. Write NONE if applicable.

1. Exploring background.  
Position \_\_\_\_\_ Council \_\_\_\_\_ Year \_\_\_\_\_  
\_\_\_\_\_
2. Experience working with youth in other organizations. Please provide contact information.  
\_\_\_\_\_  
\_\_\_\_\_
3. Previous residences (for last 10 years).  
City \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Current memberships (religious, community, business, labor, or professional organizations).  
\_\_\_\_\_  
\_\_\_\_\_
5. References. Please list those who are familiar with your character. References may be checked.  
Name \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_  
Name \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_  
Name \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_
6. Additional information. (Mark each answer.) Yes No  
   
  - a. Have you ever been removed from or asked to leave a leadership position in an organization due to allegations regarding your personal conduct or behavior? Explain:  
\_\_\_\_\_  
\_\_\_\_\_
  - b. Do you use illegal drugs or abuse alcohol? Explain:  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain:  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_
  - d. Has your driver's license ever been suspended or revoked? Explain:  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_
  - e. Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain:  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_
  - f. Are you aware of any reason not listed above that may call into question your suitability to supervise, guide, care for, and lead young people?  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_