



**OCALA POLICE DEPARTMENT
402 S. PINE AVENUE
OCALA, FL 34471**

EXPLORER POST INFORMATION

The Ocala Police Department Explorer Post is comprised of young adults between the ages of 14 and 21; a member may join at age 14 but must retire from the Post upon turning 21 years of age.

Each individual must be currently enrolled in a scholastic institution and maintain a 2.0 GPA. The Explorers work alongside uniformed police officers at different events, such as the Ocala Christmas Parade, the Red Ribbon Campaign Kickoff, and many other community events. The Explorer Post also trains and maintains an active Honor Guard that will participate in ceremonies for events such as Black History Month, Veteran's Day, Police Memorial Day, along with several other patriotic and civic events.

The members of the Explorer Post are allowed to participate in the Ride Along program after receiving specialized field trainings. They will be taught many different aspects of the criminal justice system to include Crime Scene Investigations (C.S.I.), Traffic Crash Investigations, Defensive Tactics, Response to Crimes in Progress, Criminal Investigations, etc. The Explorer Post will participate in a Police/Military style Boot Camps and may have the opportunity to compete against other Explorer Posts from around the state.

The Explorer Program is designed for students who are interested in learning about careers in Law Enforcement to include Patrol Officer, Communications/Dispatcher, Crime Scene Technician, Criminal Investigations, K-9 and more!

Officer J. Gurney, Lead Advisor

email: jgurney@ocalapd.gov

Cell #: 352-598-8924

Sgt. R. Vann, Post Sergeant

email: rvann@ocalapd.gov

Cell #: 352-274-4331

General Explorer Post E-mail: policeexplorer@ocalapd.gov



Ocala Police Department

Explorer Code

As an Explorer –

I believe that America's strength lies in our trust in God and in the courage, strength, and traditions of our people.

I will, therefore, be faithful in my religious duties and will maintain a personal sense of honor in my own life.

I will treasure my American heritage and will do all I can to preserve and enrich it.

I will recognize the dignity and worth of all humanity and will use fair play and good will in my daily life.

I will acquire the exploring attitude that seeks the truth in all things and adventure on the frontiers of our changing world.



POLICE EXPLORER CONTRACT

Rules and Regulations

1. Meetings and events are for Explorers **ONLY**. All meetings involve some level of instructing and learning. The meetings are not simply social events—if an Explorer is not interested in the planned activities they should choose another time and place to get together with their friends. Explorers who disrupt meetings **WILL** be asked to leave.
2. Treat all with respect. All leaders, adults and Explorers are to be listened to and treated with respect. This means obeying whoever is in charge and no name-calling or words offending or insulting another. Responding promptly to “Community Service Events” is required and is a good indication of an Explorer’s respect toward others. Violence will not be tolerated.
3. Treat property with respect. The Ocala Police Department and other property used by the Explorer Troop should be treated with respect at all times. Damage to property will not be tolerated. We are guests wherever we are, and we should behave as such.
4. Arrive on time. Having the Police Explorer Troop and leaders waiting for you is disrespectful.
5. Adhere to all Ocala Police Department Explorer Directives at all times, especially while uniformed.

Examples of behavior which will not be tolerated include, but are not limited to:

- Violence or the threat of violence toward anyone
- Hazing or any other form of humiliating or meaningless “initiation” or ritual
- Vulgar or profane language
- Smoking/Vaping/Drug Use of any kind- Prohibited at all times, (Explorers are to be clean)
- Consumption of alcohol is prohibited while in or out of uniform
- Discussion of sexual topics, since there is a range of ages and maturity levels present in a troop
- Lack of Courtesy and/or Disrespectfulness

Attendance Policy

- Explorers will be prompt/on time for each meeting, unless excused by the Post Advisor, any unexcused late arrivals will result in an infraction.
- Explorers will notify Post Advisor if they’re not going to be present for a meeting. Any unexcused meeting absences will result in a write up. If an Explorer misses **three** meetings (unexcused) they will be required to resign from the Explorer Post and reapply.



POLICE EXPLORER CONTRACT (Cont.)

Enforcement Policy

- Infractions will result in the violator donating 5 to 10 push-ups to the Post Commander. After donating the push-ups he/she will ask permission to recover.
- Infractions include, but are not limited to, failing to bring Explorer materials to meetings, not wearing the uniform to meetings, being late for a meeting, disrupting of a meeting, and any other violation as determined by a Post Advisor only.
- Cadets cannot give infractions. Infractions will be given by Post Advisors **ONLY**.

Explorer Signature _____ Date _____

Parent Signature _____ Date _____

Post Advisor Signature _____ Date _____



POLICE EXPLORER APPLICATION

If you are under 18 years of age, you must have a parent or guardian sign.
You may continue to attend Post meetings while your application is processed.
However, you cannot participate in activities until you have been officially
accepted and registered by the Post.

Please answer all questions and fill out all information.
The information in this application is confidential.

Last Name: _____ First Name: _____ MI: _____

Nickname: _____ DOB: _____

SSN: _____ FL DL #: _____ Exp: _____

Birth City and State: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

School You Attend: _____ Grade: _____

If graduated from high school, name of school: _____

Year Graduated: _____

Do you work? _____ Full Time? _____ Part Time? _____ # Hours per week: _____

Where do you work? _____ Phone #: _____



Do you use tobacco products? _____ Alcoholic beverages? _____

Do you use any non-prescription drugs other than over the counter items?

Have you ever been arrested for a crime? _____ If yes, please list the charge(s), date of arrest and the final disposition: _____

Do you have any disability which could hinder and/or restrict physical activities? _____ If yes, please list them:

Are you allergic to any foods? _____ If yes, please list them: _____

Do you have any other allergies or take any medications regularly? _____ If yes, please list them: _____

Do you have access to a home computer or laptop? _____

Have you ever been part of an Explorer Program previously? _____ If yes, please tell us where: _____



Do you have transportation to and from weekly meetings and events? _____

Will you be able to attend meetings every Tuesday evening, 6pm – 8pm? _____

Do you have any problem taking orders from others that may be a different age, sex orientation, color, religion or cultural background? _____

Do you have any problem with wearing a uniform? _____

Do you understand that this is a para-military organization and you will be required to follow directions, obey orders and adhere to a chain of command? ___

Do you speak any languages other than English? _____

If yes, please list the languages: _____

What are your hobbies?

Do you play any sports? _____ If yes, please list them: _____

Do you sing? _____ Perform in Public? _____

Please let us know any other information about you that you think is important:



Mother/Guardian Full Name: _____

Do you live with your mother/guardian? _____

Mother/Guardian Contact Info

Home Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Father/Guardian Full Name: _____

Do you live with your father/guardian? _____

Father/Guardian Contact Info

Home Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Siblings? _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____



Ocala Police Department

Explorer Post

Confidentiality Agreement

As a member of the Ocala Police Department Explorer Post I understand that at times I will be subjected to information and details that are considered Confidential in nature. This information can come from participating in the Explorer Ride Along program where I will be present when Police Officers conduct their preliminary investigations. Any information given to me or overheard will be considered confidential and will not be shared with others unless called upon to do so by a member of the Ocala Police Department. You may share your experience of the program with family and friends but you will not divulge names, addresses, and any other information that is not readily available to the public. During classroom instruction you may receive information that has not been released to the public and this should remain confidential as to not jeopardize any ongoing investigations.

This Confidentiality Agreement shall also be intended to include parents and guests that participate in the training program or Ride Along experience.

Violations of this agreement will be considered serious in nature and can result in your dismissal from the program.

I _____ have read the above information and by signing below I agree to keep information that is confidential in nature from the public.

Signature of Explorer

Signature of Parent or Guardian

Signature of Senior Explorer Advisor

Date



OCALA POLICE DEPARTMENT

EXPLORER POST PROGRAM RELEASE AND HOLD HARMLESS AGREEMENT

The undersigned ("Releasor") for and in consideration of the opportunity to participate in the Ocala Police Department Explorer Post Program and with the intent of binding myself, my spouse, my heirs, legal representatives, and assigns, do hereby freely execute this release and do hereby completely and fully release and hold harmless the City of Ocala, a Florida municipal corporation, its employees, agents, officers and elected public officials ("Releasee") of and from any obligation, liability or responsibility arising out of the claim and/or action Releasor may have experienced or claim as a result of participation in the Ocala Police Department Explorer Post Program.

Releasor hereby assumes full responsibility for and risk of bodily injury, death or property damage due to negligence of Releasee or otherwise during participation in the Ocala Police Department Explorer Post Program.

Releasor further warrants and states that:

1. Releasor is medically and physically fit to participate in the Ocala Police Department Explorer Post Program.
2. Releasor is aware of, and understands, all safety regulations and rule applicable to the Ocala Police Department Explorer Post Program.
3. Releasor has informed Releasee of all medical and/or physical conditions that could affect Releasor's ability to safely participate in the Ocala Police Department Explorer Post Program.
4. Releasor, prior to participating in the Ocala Police Department Explorer Post Program with the City of Ocala, will inspect the facilities and equipment to be used and, if he/she/they believes anything to be unsafe, will immediately advise the Releasee of such conditions and refuse to participate.

The Undersigned expressly agrees that the foregoing Release and Hold Harmless Agreement is intended to be as broad and inclusive as is permitted by the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Executed this ___ day of _____, 20__.

Signature (Releasor)

Signature (Witness)

Print Name (Releasor)

Print Name (Witness)

I, the parent, guardian or legal custodian of the above-named minor do hereby consent to the above Release and Hold Harmless Agreement and agree to all terms stated above.

Parent/Guardian Signature

Parent/Guardian Print Name

Date



RELEASE FORM FOR MEDIA RECORDING

By signing this form, I give the City of Ocala/Ocala Police Department permission to publish or use, print or video/DVD images, or sound recordings of me, along with my name, for art, advertising, online usage, trade, public information and similar purposes.

I waive inspecting and/or approving the finished product of the copy that is used in connection with the publication.

I release the City of Ocala/Ocala Police Department from all rights, title and interest I may have in the finished videotapes, DVDs, still pictures, and/or sound recordings, duplicates, and prints for all City of Ocala/Ocala Police Department related purposes.

Note: For minors, a signature is required by BOTH the minor and parent/legal guardian.

Date: _____

Name of participant: _____

Address: _____

City/State: _____

Signature of participant: _____

Signature of Parent/legal guardian (if under 18): _____