



**Office of Field Operations
U.S. Customs and Border Protection
Recruitment Law Enforcement Explorer Program**



CBP EXPLORER POST #306

Explorer Candidate Application Packet

Thank you for your interest in Customs and Border Protection (CBP) Law Enforcement Explorer Post #306!

Before your acceptance into the Post can be finalized you must first complete and turn in the Candidate Application Packet. Please also be advised that all Explorer candidates are required to pass a background investigation which will be conducted by a CBP Officer/Agent, and must also pass an oral interview which will be conducted by the Post. Please review and complete the attached documents (the underlined forms must be signed and notarized).

Turn in the completed Application Packet at the next meeting you attend (your 2nd meeting with the Post).

You must attend a minimum of three (3) meetings before the Post will conduct the oral interview.

Checklist of required documents:

- Application completed and signed
- Copy of identification card or driver license
- Copy of most recent report card (if applicable)
- Authorization to Release Information concerning Explorer Application Packet
- Hold Harmless Agreement signed and notarized
- Consent to Medical Treatment signed and notarized
- Ride/Work-Along Release and Waiver of Liability signed and notarized
- Parental Firearm Authorization signed
- Consent to Film signed

If you have any questions, please do not hesitate to ask a Post Officer or Explorer Advisor.

CBP EXPLORER POST #306

Candidate Application



Please print in black ink or type this form

Applicant Information

Full Name (LAST, First Middle, suffix):

DOB: / /	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Height:	Weight:	Hair Color:	Eye Color:
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Street Address:

Apartment/Unit#:	City:	State:	Zip Code:
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Home phone	Your cell phone	Your email
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Driver License/Identification #: (include state of issue)	SS#:
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School Attending (if applicable):	Grade/Year:	Current GPA:
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Parent(s)/Guardian(s)

Mother or primary guardian's name:	Phone no.:
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Address (if different):

Father or secondary guardian's name:	Phone no.:
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Address (if different):

One additional emergency contact (can be extended family or other adult trusted by parent/guardian)		
Name:	Relationship:	Phone number:

References: <i>(may be teachers, friends, neighbors, etc.)</i>	
Name:	Phone No:

Address:

Name:	Phone No:
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Address:

Are you involved in any extracurricular clubs or sports?

Yes No

If yes, which and what is your practice/meeting schedule: _____

Have you ever been suspended or expelled from school?

Yes No

If yes, why: _____

Are you currently employed?

Yes No

If yes, where and what is your schedule: _____

Have you ever been or are you currently a member of any other Explorer Post?

Yes No

If yes, what one: _____

Have you ever received a traffic citation?

Yes No

If yes, when, where and why: _____

Has your driver license ever been suspended or revoked?

Yes No

If yes, when, where and why: _____

Have you ever been arrested?

Yes No

If yes, when, where, and why: _____

Have you ever been a gang member or knowingly affiliated with a gang member?

Yes No

If yes, who and why: _____

Have you ever experimented with marijuana, other drugs, or alcohol?

Yes No

If yes, when was the last time and where: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I further understand that intentional omissions or inaccurate responses can subject me to removal from Explorer Post #306 at any time.

I also understand that this Application will remain confidential.

Signature of applicant

Date

Signature of parent/guardian

Date

ADVISORY STAFF ONLY

Date Application received: ____/____/____ By: _____

Forms complete and included:

- | | |
|--|---|
| <input type="checkbox"/> Hold Harmless | <input type="checkbox"/> Consent to Medical Treatment |
| <input type="checkbox"/> Ride/Work-Along Release | <input type="checkbox"/> Firearm Authorization |
| <input type="checkbox"/> Media Waiver | |

Background completed: ____/____/____ By: _____ Clear Not clear

Comments: _____

CBP EXPLORER POST #306

Authorization to Release Information Concerning Law Enforcement Explorer Application



As part of the application process to enter the U.S. Customs and Border Protection, Office of Field Operations' Law Enforcement Explorer Program, I am required to furnish background information for use in determining my qualifications for the Explorer Program. I hereby authorize the release of any and all information, including but not limited to, record of prior criminal history, school records of academic performance, and disciplinary actions regardless of whether such records have been sealed, are privileged, or confidential in nature. I further authorize any person named as my reference in the Candidate Application to freely discuss my background and character pursuant to this release.

I understand that I will not receive and I am not entitled to know the contents of reports, confidential or not, received in response to this release.

This release to obtain information for use in determining my qualifications for the Explorer Program will expire 6 months after the date signed below.

Furthermore, I hereby release and hold harmless the U.S. Customs and Border Protection, its Officers and representatives, and any person furnishing information pursuant to this release from any liabilities arising out of the furnishing and inspection of such documents, records, and other information.

A photocopy or facsimile copy of this release is to be considered as valid as an original.

Printed Name of Applicant

____/____/_____
Date of Birth

____-____-_____
Social Security Number

Signature of Applicant

____/____/_____
Date Signed

(To be completed if applicant is under the age of 18)

I am the Parent or Guardian of the above named applicant. I grant my authorization to release the information of my child, [NAME OF APPLICANT], requested in this document for the purpose of completing their application for the Law Enforcement Explorer Program.

Printed Name of Parent or Guardian

Signature of Parent or Guardian

____/____/_____
Date Signed

CBP EXPLORER POST #306
RELEASE OF LIABILITY/ASSUMPTION OF RISK



In consideration of being allowed to participate in the Customs and Border Protection Explorer Program, I, the undersigned _____ (or Parent/Guardian of minor participant under the age of 18) my heirs, assigns, executors or administrators do hereby release and forever discharge the United States of America, Officers, Agents, Employees and all other personnel of the Department of Homeland Security, Customs and Border Protection from all claims of damages, demands and causes of action whatsoever, in any manner, arising from or as a result of said participation, whether caused by negligence or otherwise.

I attest and verify that I have full knowledge of the risks and dangers involved in the Customs and Border Protection Explorer Program that myself (or minor child under the age of 18) is engaged in. My (his or her) presence and participation is voluntary and I (he or she) willingly and knowingly assume these risks. These include the risks of property damage, personal injury, disablement and death by virtue of but not limited to, the nature of the activities in which CBP Explorers participate, riding in Customs and Border Protection service vehicles, the exercises planned or in the process of being involved in the aforementioned

Signature of Explorer

Date

Signature of parent/guardian

Date

STATE OF MICHIGAN

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,
by _____.

Personally Known OR Produced Identification
Type of Identification Produced: _____

CBP EXPLORER POST #306

Consent to Medical Treatment



(Only applicable to those Explorers under the age of 18)

I, _____, am the parent or legal guardian of _____, an Explorer, who is participating in the Explorer Program that is sponsored by the U.S. Customs and Border Protection (CBP).

In the event that _____ is injured or ill and requires diagnostic/medical treatment and/or procedures, and I cannot be contacted, I authorize the CBP employee overseeing the program, activity, or event to consent to diagnostic/medical treatment and/or procedures.

Signature of parent/guardian

Date

Name: _____

Emergency contact number: (____) _____ - _____

Address: _____

STATE OF MICHIGAN

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,
by _____.

Personally Known OR Produced Identification

Type of Identification Produced: _____

CBP EXPLORER POST #306

Ride-Along/Work-Along Release and Waiver of Liability



I, _____, (hereinafter "Explorer") a member of Explorer Post #306, am interested in observing operations of the U.S. Customs and Border Protection ("CBP" or "the agency") in accordance with the Ride-Along/Work-Along Program. I understand that to observe such operations, it may necessary for me to ride in patrol cars, boats, and/or fixed or rotary wing aircraft to observe the operation from within the agency, and to participate in other law enforcement activities. I further understand that I may be placed in situations that are potentially dangerous to me physically or to my property. I understand that these situations may also be emotionally distressful or traumatic.

I hereby agree to follow all of the polices and procedures of the CBP Explorer Program. I further agree that I shall follow the directions of the CBP Officer/Agent I am assigned to at all times while I am engaged in ride-along/work-along activities. I understand that if I fail to follow these directions, the ride-along/work-along will be terminated and I will jeopardize my standing within the CBP Explorer Program.

I hereby waive, release, and/or hold harmless CBP, the Department of Homeland Security, and all of their agents, officers, officials, employees, and assigns from all manner of actions, causes of action, suits, debts and sums of money, dues, claims and demands, in law or equity arising out of said ride-along/work-along activities, including but not limited to, claims for physical injuries to me, damages to my property, or claims for emotional distress or trauma. I understand and agree that I shall be solely responsible for any and all damages arising out of my participation in said Ride-Along/Work-Along Program.

In witness whereof, I have executed this release and waiver of liability at _____, FL, on _____, 20____.

Signature of Explorer

Date

Signature of parent/guardian of minor Explorer

Date

STATE OF MICHIGAN

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,
by _____.

Personally Known OR Produced Identification

Type of Identification Produced: _____

CBP EXPLORER POST #306

Parental Firearm Authorization



CONSENT FOR MINOR TO USE FIREARMS, BB RIFLES, AND ARCHERY EQUIPMENT

Explorer Name: _____ Post#: 306

Address: _____

City: _____ State: MI Zip Code: _____

Phone#: _____

Parent/Guardian's Name: _____

Address (if different): _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

I, the undersigned parent or legal guardian of _____, a minor, do hereby authorize U.S. Customs and Border Protection to furnish firearms, BB rifles, and archery equipment, as appropriate, to the minor named herein for the purpose of instruction in the safe handling and shooting of firearms, target shooting and related activities under the supervision of the Primary Firearms Instructor and range staff.

This authorization will remain in effect for said minor while (s)he is participating in any Explorer program or activity related to firearms, unless revoked in writing by the undersigned and said revocation personally delivered to the Post Advisor.

Parent/Guardians
Name: _____

Signature of parent/guardian

Date

CBP EXPLORER POST #306

Consent to film, videotape, or photograph for educational, informational, or public service use



Explorer Name: _____ Post#: _____ 306

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies, or video tapes of the Explorer named above at U.S. Customs and Border Protection (CBP) Explorer sanctioned activities and events. I also grant the right to edit, use, and reuse said products for educational, informational, or public service purposes including use in print, on the internet, and all other forms of media. I also hereby release the Department of Homeland Security, CBP, and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Explorer

Date

Signature of parent/guardian of minor Explorer

Date