

**APPLICATION FOR APPOINTMENT TO
GARDEN CITY POLICE DEPARTMENT
EXPLORER POST #1911
(VOLUNTEER POSITION)**

WAIVER BY APPLICANT AND PARENT(S) OR LEGAL GUARDIAN(S)

I/We certify that the information in this application is correct. I/We also realize that any falsification of any information on this application will automatically disqualify the applicant from any further consideration. I/We will assist my/our son or daughter in observing the rules of the Boy Scouts of America and the Garden City Police Department Explorer Post #1911. In consideration of the benefits derived from membership, if accepted, I/We hereby waive any claim against the local or national Boy Scout Council, City of Garden City Government, The Garden City Police Department and all the leaders of the Boy Scouts of America for any and all accidents, which may arise in connection with the activities of The Garden City Police Department Explorer Post #1911.

SIGN & DATE BELOW:

Parent/Legal Guardian	Relationship to Applicant	Date
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Parent/Legal Guardian (PRINT NAME)	Telephone Number
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Parent/Legal Guardian	Relationship to Applicant	Date
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Parent/Legal Guardian (PRINT NAME)	Telephone Number
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Applicant Signature	Date
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FOR DEPARTMENT USE ONLY

APPLICATION REVIEW

Date application was received: _____

Date Reviewed: _____

Approved by: _____

INTERVIEW

Approved: _____ Rejected: _____

Reason (if rejected): _____

Department Personnel Present During Interview:
