



Application Cover Sheet



Student's Name: _____

Badge #: _____

Troop: _____ Post Location: _____

NJSP Explorer Program Initial Application Package:



<input type="checkbox"/>	<p>Learning for Life Application</p> <p><u>Under 18yrs old</u> <u>18yrs old or older</u></p> <p><input type="checkbox"/> Youth Application <input type="checkbox"/> Adult Application & Disclosures Page</p> <p><input type="checkbox"/> Youth Protection Training - www.Exploring.org (copy of certificate as proof of completion)</p>
<input type="checkbox"/>	<p>Medical Forms (A,B,C) - Either form C or copy of school athletic physical</p>
<input type="checkbox"/>	<p>Insurance Card (Photo Copy Back & Front)</p>
<input type="checkbox"/>	<p>Release Authorization</p>
<input type="checkbox"/>	<p>Rules and Regulations Receipt Booklet Provided: <input type="checkbox"/></p>
<input type="checkbox"/>	<p>Audio/Visual Release</p>
<input type="checkbox"/>	<p>Copy of Registration Fee \$57 or if applying mid-year, prorated at \$4.75 a month for the remainder of the current year (check or money orders - NOCASH) Checks made out to: WCC/BSA</p>

Official Use Only:

- Please scan the documents into the shared drive **in this order** under the Explorer's name

Post Leader Accepting Application: _____ Date: _____

Date provided to Learning for Life: _____

To: _____

Reason Rejected: _____ N/A: _____

Background Contact: _____

Background Notes: _____

Dismissal Date: _____ Authorized By: _____

Dismissal Reason: _____



State of New Jersey

OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF STATE POLICE
POST OFFICE BOX 7068
WEST TRENTON, NJ 08628-0068
(609) 882-2000

MATTHEW J. PLATKIN
Acting Attorney General

COLONEL PATRICK J. CALLAHAN
Superintendent

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

NEW JERSEY STATE POLICE RELEASE AUTHORIZATION

TO WHOM IT MAY CONCERN:

CASE: _____
(Official use only)

I, _____, am making application
Print Name Legibly

for appointment to the New Jersey State Police Explorer Youth Program. As a result, an investigation is being conducted to determine my eligibility.

Therefore, I do hereby authorize a review and full disclosure of all records, including my credit report, Internal Revenue Service records, or any part thereof, to any duly authorized agent of the New Jersey State Police, whether the records are public or private, and including those records which may be deemed to be of a privileged or confidential nature. The intent of this authorization is to provide information which will be utilized for investigative resource material.

I also acknowledge and give permission for the New Jersey State Police to conduct a background investigation, and further acknowledge that I will not be informed of any information developed through this investigation, whether I am accepted or rejected for this position.

I hereby release the State of New Jersey, the Division of State Police, and its agents, servants, and employees from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws.

A photocopy of this release form will be valid as an original hereof, even though the said copy does not contain an original writing of my signature.

DATE: _____
(Month, Day, Year)

APPLICANT SIGNATURE: _____

PARENT/GUARDIAN
SIGNATURE: _____
(Required if applicant is under the age of 18)

DATE OF BIRTH: _____
(Month, Day, Year)

S.S. #: _____ - _____ - _____





NEW JERSEY STATE POLICE
EXPLORER POST #846

ACKNOWLEDGMENT OF RECEIPT

I, _____ certify that I have received a copy of the New Jersey State Police Post #846 Rules and Regulations on _____ (*date*). I understand that if I have any questions in regards to its meaning, I am to contact my Post advisor for clarification. I also understand that I am bound by the requirements as set forth in this index and disciplinary actions may result, up to and including dismissal, for any failure to abide by the articles herein.

Name of Explorer & Badge # (*Print*)

Name of Advisor & Badge # (*Print*)

Date

Date

Signature of Explorer & Badge #

Signature of Advisor & Badge #

EXPLORER COPY



NEW JERSEY STATE POLICE
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ACKNOWLEDGMENT OF RECEIPT

I, _____ certify that I have received a copy of the New Jersey State Police Post #846 Rules and Regulations on _____ (date). I understand that if I have any questions in regards to its meaning, I am to contact my Post advisor for clarification. I also understand that I am bound by the requirements as set forth in this index and disciplinary actions may result, up to and including dismissal, for any failure to abide by the articles herein.

Name of Explorer & Badge # (Print)

Name of Advisor & Badge # (Print)

Date

Date

Signature of Explorer & Badge #

Signature of Advisor & Badge #

ADVISOR COPY



NEW JERSEY STATE POLICE

Consent for Photograph & Audio/Visual Release Form

The New Jersey State Police (NJSP) requests your permission to reproduce through printed, audio, visual, or electronic means, activities in which you (the participant) or your child has engaged in for the following respective NJSP Programs:

Trooper Youth Week, Internship Program, NJSP Explorer Post, Other _____

Your authorization will enable us to use the photographs and/or video footage taken during the respective program to promote the program through the use of mass media, displays, brochures, websites, etc.

- I, as a parent or guardian of the below-named youth, or as an adult participant, fully authorize and grant the NJSP and its authorized representatives the right to print, photograph, record, and edit as desired, the name, image, likeness, and/or voice of myself or the below-named youth on audio, video, film, slide, or any other electronic and printed format currently developed for the purpose stated or related to the above.
- I understand and agree that the use of such photographs and video will be without any compensation to me personally, the youth, or the youth's parent/guardian.
- I understand all photos and/or videos will be property of the NJSP. Photos and/or videos may be used without specific notification.
- I understand and agree that the NJSP and/or its authorized representatives shall have the exclusive right, title, and interest, including copyrights, of such photographs and video recordings.
- I understand and agree that the NJSP and/or its authorized representatives shall have the unlimited right to use the photographs or videos for any purpose stated or related to the above.
- I hereby release and hold harmless the NJSP and its authorized representatives from all actions, claims, damages, costs, or expenses, including attorney's fees, brought by myself, the youth, and/or the parent/guardian which relate to, or rise out of, any use of these photographs and/or videos as specified above.

I have read and understand the contents of this Consent for Photograph & Audio/Visual Release Form and I am signing voluntarily.

Participant – Print Name

Participant Signature

Date

Parent/Guardian – Print Name

(Required if participant is under 18 years old.)

Parent/Guardian Signature

Date