



Chief Joseph A. Desmond

# TOWN OF WILMINGTON

MASSACHUSETTS

## POLICE DEPARTMENT

One Adelaide Street  
Wilmington, MA 01887



978-658-5071  
FAX 978-657-8384

Dear applicant,

The following paperwork is the application for the Wilmington Police Explorers. Please fill out the application form completely and entirely. The application will not be accepted if it not filled out completely. All applicants must submit a copy their most recent report card or print out of last years final grades from your online student portal (ex: Aspen).

After your application is submitted, the Explorer Executive Board will conduct a thorough school, personal, work, and criminal background investigation. Applicants who pass the background investigation, will then be contacted for an interview with the Executive Board. After the interview, the Executive Board will review all candidates and submit final candidates to the Chief of Police with the Lead Instructors for approval.

Candidates, once approved, will attend an orientation session where they will learn the policies and procedures of the program and get fitted for uniforms and equipment. If at any point you have any questions, comments, or concerns in regards to the process please feel free to email the program at [explorers@wpd.org](mailto:explorers@wpd.org). We wish you luck in the process and thank you for applying to the Wilmington Police Explorers.

Respectfully,

WPD Explorer Staff



## WILMINGTON POLICE DEPARTMENT EXPLORERS PROGRAM



### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Age: \_\_\_\_\_

Desired Career: \_\_\_\_\_

Do you have an interest in a Law Enforcement Career? YES NO

Do you Currently have a job? YES NO  
If yes, where? \_\_\_\_\_  
Person to contact: \_\_\_\_\_

Have you ever been committed of a Crime? YES NO

If yes, explain:

### School Information

Are you Currently a Student in Wilmington? YES NO  
If no, where? \_\_\_\_\_

Current Grade: \_\_\_\_\_

Who is your Current Guidance Counselor? \_\_\_\_\_

How many times have you been tardy from School this year? \_\_\_\_\_

How many times have you been absent from School this year? \_\_\_\_\_

Have you ever been giving Detention or Suspended from School? YES NO  
Paper

If Yes, explain:

### **Why Join the Explorer Program?**

In your own words, please explain why you want to be a part of the Wilmington Police Explorer Program. What do you want to get out of joining this program? What makes you the best candidate for this program?

## Medical

Please list any medical conditions that are important for the Department and Staff Instructors to know:

## Emergency Contacts

### PLEASE LIST TWO EMERGENCY CONTACTS

1.	_____ NAME	_____ RELATIONSHIP	_____ PHONE NUMBER
2.	_____ NAME	_____ RELATIONSHIP	_____ PHONE NUMBER

## Disclaimer and Signature

### MEDIA DISCLAIMER

During the course of the program, explorers will be photographed and be on videos that will be posted on the Explorer Programs Facebook Page, Explorer Program Flyers and Information and Wilmington Police Department Website and Facebook Page. The Explorers will also appear at many town events were they could be put into the local newspapers.

Please Check yes or no and sign below if you consent or not consent to the above Media Disclaimer:  
(If Applicant is under 18 years of Age Parent or Guardian please sign)

YES	NO	_____ PRINT NAME	_____ SIGNATURE	_____ DATE
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**PHYSICAL FITNESS and INJURY DISCLAIMER**

During the course of the program, explorers will be involved in Physical Fitness exercises and hands on Trainings, during these trainings; there is a possibility of injury if Explorers do not follow proper procedure. Due to the above information, this program is covered under the Boy Scouts of America Insurance and the Wilmington Police Department, Instructors, Role-Players and the Town of Wilmington, are not responsible for any injuries that occur during the course of the program duration.

Please sign below that you have read and understand the above Physical Fitness and Injury Disclaimer:  
(If Applicant is under 18 years of Age Parent or Guardian please sign)

_____ PRINT NAME	_____ SIGNATURE	_____ DATE
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**CRIMINAL BACKGROUND RECORDS, WAIVER OF LIABILITY, DISCLOSURE, AUTHORIZATION AND RELEASE**

All candidates applying for membership with the Wilmington Police Department Explorer Post will be charged a \$15 background fee which is (non-refundable). The candidate will be subjected to a Criminal Record Check. All Explorers will be required to maintain excellent criminal history records as a condition of membership. In addition, the Wilmington Police Department may periodically perform Records Checks on any member to ensure compliance.

In Consideration of my membership as a Wilmington Police Explorer, I \_\_\_\_\_, hereby authorize and request the Wilmington Police Department to conduct a Criminal Record Check. My signature indicates that I release the Wilmington Police Department and all its employees, officers, and entities from any and all liability for conducting said Criminal Record Check.

Please sign below that you have read and understand the above Criminal Background Check Waiver:  
(If Applicant is under 18 years of Age Parent or Guardian please sign)

_____ PRINT NAME	_____ SIGNATURE	_____ DATE
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*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to a position with the Explorers, I understand that false or misleading information in my application or interview may result in my release.*

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

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

**(If Applicant Under 18 Years of Age Parent/Guardian Signature)**