



Five Rivers MetroParks
409 East Monument Ave, Third Floor
Dayton, Ohio 45402

(937) 275-PARK – Main Office
(937) 535-2580 – Ranger Dispatch
(937) 567-9292 – Ranger Fax



Five Rivers MetroParks Ranger Department Explorer Program

Program Guide & Application

Five Rivers MetroParks
Ranger Department

Officer Adam Gaby
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Membership/Application Procedures

- You must complete an application.
- Applications can be picked up at the Five Rivers MetroParks Main Office located at 409 E Monument Ave 3rd Floor, Dayton, Ohio 45402, between the hours of 8:00 AM and 5:00 PM
- You must have attained the minimum age of 14 and have completed the 8th grade. You can be accepted up to age 20.
- Students must maintain a grade point average of 2.0.
- You must maintain a good moral character and have no prior arrests.
- You must maintain an appearance and demeanor which is in keeping with the standards set by the Five Rivers MetroParks Ranger Division.
- You must be in good physical health and possess no deficiency in your physical condition which would preclude you from a career in Law Enforcement.
- You must be a responsible citizen in the community with a good reputation.



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Police Background Investigation Liability Release Authorization Waiver

Name of Applicant: _____

The below listed individual is an applicant for membership with the Five Rivers MetroParks Ranger Division Explorer Post. As a mandatory step in that application process, said individual is required to furnish information necessary to determine his/her moral, physical, and mental suitability for the position in question.

In connection with my application, I am authorizing the release of any and all information that you may possess concerning my work habits, personal character or conduct inclusive of any confidential or privileged information.

I hereby release you, your organization or other parties from any liability or damage which may result from the release of information in this matter.

Name of Applicant: _____

Date of Birth: _____

Social Security Number: _____

 Applicant Signature

 Date

 Parent Signature

 Date



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Personal Information

Name _____ Social Security Number _____
Last First Middle

Nicknames/Aliases/Other names: _____

Sex _____ Race/Ethnicity _____

Height _____ Weight _____

Hair color _____ Eye color _____

Driver's License Number _____ State _____ Restrictions _____

Home Address _____
Street City State Zip Code

Primary Phone Number _____ Alternate Phone Number _____

Email Address _____

Marital Status _____ Spouse's Name _____

Father's Name _____

Address _____

Phone Number _____

Mother's Name _____

Address _____

Phone Number _____

Parent Email Address _____

Current Employer _____ Address _____

Supervisor's Name _____ Phone Number _____

Job Title or Job Description _____

Previous Residences (List all residences for the past 10 years with the most recent address listed first.)

From (Month/Year)	To (Month/Year)	Address (city, state, zip code)	Relationship (Who you lived with)

Education (List each Grammar, Junior High, High School, Trade or Vocational School, College, or University that you have attended. Start with the most recent school you attended.)

Name of School	Location of School (City and State)	Graduate (Yes / No)

Have you ever been suspended or expelled from school? _____
How many times? _____
For what reason? _____

Did you participate in extra-curricular activities or sports? _____
If so, what? _____

Did you receive any special awards or recognition at school? _____
If so, what? _____

Name of School Resource Officer, if applicable _____

Personal Behavior

Have you ever received a traffic ticket? _____
If so, for what and when? _____
Have you ever been questioned by the police? _____
If so, for what and when? _____
Have you ever been arrested? _____
If so, for what and when? _____
Have you ever been convicted of a crime? _____
If so, for what and when? _____
Have you ever smoked, ingested, snorted or otherwise used an illegal substance? _____
If so, what substance and when? _____

References (List three people, other than a relative or past employer who know you well and can provide a reference.)

Name _____
Address _____ Phone Number _____
Relationship to you _____ Years Known _____

Name _____
Address _____ Phone Number _____
Relationship to you _____ Years Known _____

Name _____
Address _____ Phone Number _____
Relationship to you _____ Years Known _____

Are there any other issues that may surface as the result of contacting your parents, employers, school staff, or references or conducting a background investigation that may affect your acceptance into the program? _____ If so, explain _____

I certify that the statements contained in this application are true to the best of my knowledge. I understand that any false information, false statements, or failure to provide pertinent information in the application or during the application process, can result in denial of membership to the MetroParks Ranger Explorer Program or cause my termination from the program if it is discovered after appointment.

Applicant Signature Date



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Media Release Form

As a participant in the Five Rivers MetroParks Explorer Program, I hereby grant permission to the Five Rivers MetroParks Ranger Department to use my image (photographs and/or video) in materials produced by or for Five Rivers MetroParks. This material might include general MetroParks informational materials, MetroParks' *Parkways* publication, email notifications, recruiting brochures, newsletters, or magazines.

I understand that by participating in the Five Rivers Explorer Program, I voluntarily waive any right to inspect or approve the finished photographs or electronic matter containing my image that may be used in conjunction with them now or in the future, whether that use is known to me or not, and I waive any right to compensation, royalties, or other material benefit arising from, or related to, the use of the image.

_____ I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ I am the parent of legal parent or guardian of the below named minor child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

 Applicant Signature

 Date

 Printed Name

 Parent Signature

 Date

 Printed Name