Five Rivers MetroParks
Ranger Department
Explorer Program

Program Guide
&
Application

Five Rivers MetroParks
Ranger Department

Officer Adam Gaby
937-277-4823

gaby@metroparks.org
Five Rivers MetroParks Ranger Department Explorer Post

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.
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
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.)

<table>
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<tr>
<th>From (Month/Year)</th>
<th>To (Month/Year)</th>
<th>Address (city, state, zip code)</th>
<th>Relationship (Who you lived with)</th>
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**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.)

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<th>Name of School</th>
<th>Location of School (City and State)</th>
<th>Graduate (Yes / No)</th>
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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? [Enter]
If so, for what and when?[Enter]

Have you ever been questioned by the police? [Enter]
If so, for what and when?[Enter]

Have you ever been arrested? [Enter]
If so, for what and when?[Enter]

Have you ever been convicted of a crime? [Enter]
If so, for what and when?[Enter]

Have you ever smoked, ingested, snorted or otherwise used an illegal substance? [Enter]
If so, what substance and when?[Enter]

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

Name [Enter]
Address [Enter] Phone Number [Enter]
Relationship to you [Enter] Years Known [Enter]

Name [Enter]
Address [Enter] Phone Number [Enter]
Relationship to you [Enter] Years Known [Enter]

Name [Enter]
Address [Enter] Phone Number [Enter]
Relationship to you [Enter] Years Known [Enter]

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? [Enter] If so, explain [Enter]

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
Indemnification/Hold Harmless Agreement

In consideration of my participation in any formal or informal activities associated with the Five Rivers MetroParks Ranger Department, I hereby freely and voluntarily agree to the following representations, waivers and agreements:

I understand Five Rivers MetroParks Ranger Department conducts some training and law enforcement activity that carries risk of personal injury or death. I understand that while participating in the MetroParks Ranger Explorer Program, I may be exposed to these conditions and risks. I have no known physical, medical, mental, or psychological condition that would prohibit me from participating in, or would endanger myself or others from participating in, the Five Rivers MetroParks Explorer Program.

Being fully aware of the risks, conditions and hazards associated with law enforcement training and related activities, I hereby agree to waive, release, and discharge for myself, my heirs, executors, administrators, legal representatives, assignees and successors (hereinafter noted as “successors”) all claims of damages for property damage, personal injury, or death against Five Rivers MetroParks and its employees, whether or not such injury or damage was foreseeable, including all such claims regarding the design or condition of any equipment or location utilized in the training or activity.

I further agree to forever HOLD HARMLESS and INDEMNIFY all persons and entities employed by Five Rivers MetroParks, generally or specifically, from any and all liability for death, personal injury or property damage resulting in any way from my participation in Five Rivers MetroParks Ranger Explorer Program training and activities. I also agree, for myself and my successors, that the above representations are not mere recitals and that they are binding, and that should I or my successors assert any claim in contravention of this agreement, I or my successors shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending against such a claim.

By signing below, I hereby acknowledge that I am 18 years old or older, and that I have read, understand and agree to the contents of this document. If under 18 years of age a parent or guardian must sign in addition to my signature of acknowledgment.

Applicant Signature   Date   Printed Name

Parent Signature   Date   Printed Name
Confidentiality Agreement

I, ____________________________, do hereby understand that maintaining confidentiality is of critical importance during my participation in the Five Rivers MetroParks Ranger Explorer Program.

While participating in various training and law enforcement activities as an Explorer, I may learn confidential information that is related to the Five Rivers MetroParks Ranger Department. This could include criminal investigations, criminal histories, high profile criminal cases, and personnel matters. I may also hear conversations, see written documents, or observe things that are not intended for public review. The Five Rivers MetroParks Ranger Department has extended the offer for me to participate in the Explorer Program on the condition that I abide by the terms of this Agreement.

I agree that I shall not violate the confidentiality interests of the Five Rivers MetroParks Ranger Department or its employees. The presumption is that all information related to my duties is confidential unless I am explicitly told otherwise by the Chief of Rangers or his designee. I understand that I can, at any time, bring any concerns I have to the attention of the Chief of Rangers for clarification or direction.

This agreement shall not be construed to prevent me from discussing the general nature of my work as an Explorer or to discuss information related to MetroParks that is already known or is publicly available. I understand that under no circumstances can I reveal any confidential information, or provide information that might compromise an investigation and/or the safety of any MetroParks Ranger or MetroParks employee.

By signing this Agreement, I represent that I will not, at any time, knowingly deliver any confidential information to any person, entity, or organization, by any means, except as required by law or by court order. I understand that any violation of this Agreement or of the expected confidentiality in general, is cause for removal from the Five Rivers MetroParks Explorer Program. I further acknowledge and understand that I must maintain the confidentiality of information that came to me as a result of my participation in the Explorer Program, even after my participation in the program has ended.

Applicant Signature  Date  Printed Name

Parent Signature  Date  Printed Name
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