

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 937-277-4823

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# 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 3<sup>rd</sup> 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 8 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 Ranger Division Explorer Post is required to furnish informat suitability for the position in qu	As a mandato ion necessary	ry step in that application proce	ess, said individual
In connection with my applicat you may possess concerning r confidential or privileged inform	ny work habits	•	
I hereby release you, your orga result from the release of inform		•	lamage which may
Name of Applicant:			
Date of Birth:			
Social Security Number:			
Applicant Signature	Date	Parent Signature	Date



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#### **Personal Information**

Name		Sc	ocial Security Number	
Last	First	Middle	•	
Nicknames/Aliases/Other n	ames:			
Sex	R	Race/Ethnicity		
Height		Veight		
Hair color	Е	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		A	ddress	
Supervisor's Name				
Job Title or Job Description	ı			

#### **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)
(iviolitiz Tear)	(Monda Tear)	1	(who you from what)
Education (List 6	each Grammar, Junior l	High, High School, Trade or Vocational School, College, or U	Jniversity that you have attended. Start
with the most recent sc		<i>g</i> , <i>g</i> ,	
Name of Schoo	1	Location of School (City and State)	Graduate (Yes / No)
		or expelled from school?	
For what reasor	es / 1?		
		rricular activities or sports?	
		rards or recognition at school?	
Name of Schoo	l Resource Offi	cer, 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 crin	ne?	
If so, for what and when?		
Have you ever smoked, ingested, snorte		
If so, what substance and when?		
References (List three people, other than a relative	or past employer who know you well and can provide	e a reference.)
Name		
Address	Phone Number	
Relationship to you		
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 suschool staff, or references or conducacceptance into the program?	cting a background investigation	that may affect your
I certify that the statements contained is understand that any false information in the application or domembership to the MetroParks Rangiprogram if it is discovered after appoin	ion, false statements, or failure uring the application process, ca er Explorer Program or cause my	to provide pertinent in result in denial of
	Applicant Signature	Date



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## **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	
Applicant Signature	Date	Timed Name	
Parent Signature	Date	Printed Name	



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# **Confidentiality Agreement**

I, critical importance during my pa		understand that maintaining confidentiality is of ve Rivers MetroParks Ranger Explorer Program.
confidential information that is include criminal investigations, may also hear conversations, so	related to the Five criminal histories, ee written documen Parks Ranger Depar	enforcement activities as an Explorer, I may learn Rivers MetroParks Ranger Department. This could high profile criminal cases, and personnel matters. I ts, or observe things that are not intended for public truent has extended the offer for me to participate in by the terms of this Agreement.
Department or its employees. T unless I am explicitly told other	the presumption is the chief of	ty interests of the Five Rivers MetroParks Ranger nat all information related to my duties is confidential of Rangers or his designee. I understand that I can, at of the Chief of Rangers for clarification or direction.
Explorer or to discuss informati understand that under no circun	on related to Metrol enstances can I revea	e from discussing the general nature of my work as an Parks that is already known or is publicly available. I any confidential information, or provide information he safety of any MetroParks Ranger or MetroParks
information to any person, entirorder. I understand that any viccause for removal from the Funderstand that I must maintain	ty, or organization, plation of this Agree Five Rivers MetroP n the confidentiality	not, at any time, knowingly deliver any confidential by any means, except as required by law or by court ement or of the expected confidentiality in general, is arks Explorer Program. I further acknowledge and y of information that came to me as a result of my participation in the program has ended.
Applicant Signature	Date	Printed Name
Parent Signature	Date	Printed Name



Parent Signature

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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

Date

Printed Name