



City of Inver Grove Heights Police Department

8150 Barbara Ave, Inver Grove Heights, MN 55077

(651) 450-2525

Fax (651) 450-2543

Explorer Program Application Packet

The Inver Grove Heights Police Department has established policies and procedures for our Explorer Program. Only eligible individuals will be considered for participation. To be considered for participation you must:

1. Complete the attached application packet which contains the following;
 - A. Program Application
 - B. Tennessee Warning: Notice of collection of private/confidential data
 - C. Photographic and Video Consent and Release Form
 - D. Waiver of Claims and Release of Liability Agreement
 - E. Confidentiality Agreement
 - F. Emergency Contact Information
 - G. Authorization for Release of Information
 - 1) Because of data privacy rights, confidentiality issues, and operational security issues, all applicants must complete a background check.
2. Submit a completed application packet.
 - A. If the applicant is a minor, both the minor and a parent or legal guardian must sign the application.

INVER GROVE HEIGHTS POLICE DEPARTMENT

Explorer Program

Waiver of Claims and Release of Liability Agreement

1. I have asked the City of Inver Grove Heights Police Department for permission to be a participant in its **Explorer Program** (the "Program"). My participation is voluntary. No one is forcing me to participate. I acknowledge that the Program is not an essential service provided by the City. As a participant in the Program, I may participate in scenario based training, ride as a passenger in a City vehicle and observe the City personnel inside a City vehicle and while at the scene of any incident to which City personnel has responded.
2. I understand that voluntarily participating in the Program may be dangerous because of the multiple hazards encountered by public safety personnel. Such hazards include, but are not limited to: accidents involving a City vehicle, injury from bystanders or traffic; negligent or intentional tortuous acts by third persons; exposure to severe weather conditions; exposure to communicable and/or infectious diseases; and various accidents during the routine operations of the City department. I understand that the City is not a guardian of my safety.
3. I assume all risks in connection with participating in the Program. I release the City and its employees, officials, volunteers and agents for any injury or damage sustained by me while participating in the Program, including all risks connected therewith, whether foreseen or unforeseen.
4. In consideration of being allowed to participate in the Program, I waive any and all rights of action against the City and its employees, officials, volunteers and agents for any injury or damage that I might suffer while participating in the Program. This waiver does not waive liability for any injuries or damages that I obtain as the result of willful, wanton or intentional misconduct by any person acting on behalf of the City.
5. I agree to indemnify and hold harmless the City and its employees, officials, volunteers and agents against any and all claims, demands, damages, costs, or expenses, including reasonable attorney's fees, for any and all loss, damage or liability, which I may sustain as a consequence of my actions or conduct.
6. I have fully informed myself of the contents of this Waiver of Claims and Release of Liability by reading it before I have signed it. I have had the opportunity to ask any and all questions regarding this Waiver of Claims and Release of Liability and its effect. I understand the terms herein are contractual and not a mere recital and that I have signed this document as my own free act and agree to be bound by its terms.
7. It is my express intent that this Waiver of Claims and Release of Liability shall bind the members of my family if I am alive, and my heirs assigns and personal representatives if I am deceased.

NOTICE: Program participants under eighteen (18) years of age must have this Waiver of Claims and Release of Liability co-signed by their parent or legal guardian.

Applicant's Name (Please Print)

Applicant's Signature

Date

I certify that I am the parent or legal guardian of the above individual and hereby consent to his or her participation in the Program. I have read and understand the above Waiver of Claims and Release of Liability and I agree to be bound by the terms stated therein.

Parent/Guardian's Name (Please Print)

Parent/Guardian's Signature

Date

INVER GROVE HEIGHTS POLICE DEPARTMENT

**Explorer Program
Emergency Contact Information**

My Information:

Name (Last): _____ (First): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Number: (1st Choice): _____

Emergency Contact Information:

Name (Last): _____ (First): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Number: (1st Choice): _____

(2nd Choice): _____

Relationship: _____

If first contact is not available list additional(s) below:

Name (Last): _____ (First): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Number: (1st Choice): _____

(2nd Choice): _____

Relationship: _____

Name (Last): _____ (First): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Number: (1st Choice): _____

(2nd Choice): _____

Relationship: _____



City of Inver Grove Heights Police Department

8150 Barbara Ave, Inver Grove Heights, MN 55077

(651) 450-2525

Fax (651) 450-2543

Volunteer/Police Explorer Program

**Applicant General Authorization and Release
and Criminal History Background Check Consent Form**

To: The City of Inver Grove Heights, the Inver Grove Heights Police Department, and the Minnesota Bureau of Criminal Apprehension:

I, _____, hereby authorize and grant my informed consent to permit you to obtain, release to and make available to the City of Inver Grove Heights and/or its agents and/or representatives, data classified as private which concerns me, and which may be in or come into your possession. The data, which by my signature, I authorize to be released, consists of both public and private data as defined in Minnesota Statutes 13.02, Subdivision 12 and has been collected by you as a result of my contact and associations with you and/or your representatives. The information for which release is authorized includes all data which has been collected, created, received, retained, or disseminated in whatever form it exists.

That information to be released may relate to my dealing with any law enforcement agency and specifically includes criminal history data that will be obtained from the MN Bureau of Criminal Apprehension.

I understand that the purpose of permitting the City of Inver Grove Heights to have access to this information is to determine my suitability for the **Volunteer/Police Explorer Program** from the Inver Grove Heights Police Department.

By signing this authorization, I hereby release the MN Bureau of Criminal Apprehension, the City of Inver Grove Heights, its officers, and its agents from any and all liability resulting from the release, receipt, or use of all data, regardless of accuracy.

Failure to sign this authorization form will disqualify me from participating in the City's Police Explorer Program.

This authorization shall be valid for the period of **one year**, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice pursuant to this consent to the City of Inver Grove Heights.

PLEASE NEATLY PRINT THE INFORMATION REQUESTED BELOW. INCOMPLETE OR ILLEGIBLE FORMS WILL BE RETURNED AND WILL SLOW YOUR APPLICATION PROCESS.

Name (Last): _____ (First): _____

(Middle): _____ Date of Birth (mm/dd/year): _____

Driver's License Number: _____ Driver's License Issuing State: _____

Address: _____

City: _____ State: _____ Zip Code: _____

NOTE: THIS IS A LEGALLY BINDING AUTHORIZATION. YOU MAY WISH TO CONSULT WITH A LAWYER BEFORE SIGNING.

Applicant's Signature

Date

If person is under the age of eighteen (18), a parent or guardian must co-sign this Release:

Parent/Guardian Name

Parent/Guardian Signature

Date

PLEASE ATTACH COPY OF YOUR DRIVER'S LICENSE, COLOR PREFERRED, WITH PICTURE OF LICENSE HOLDER AND DATA CLEARLY VISIBLE AND LEGIBLE.

Volunteer/Police Explorer Program
Data Privacy Advisory

The Minnesota Data Practices Act requires the City of Inver Grove Heights to inform you of your rights about the private data we are requesting on the **Applicant General Authorization and Release and Criminal History Background Check Consent Form**.

As part of this application, you are asked to provide private and/or confidential information about yourself that will be used to check driving history, criminal history, arrest records, warrant information, other relevant records from third-party law enforcement databases.

You may refuse to provide this information. However, should you refuse; our investigation cannot be completed and will result in your application not being processed. The information you provide is public and will be used by the City of Inver Grove Heights Police Department.