

# Honolulu Police Department Law Enforcement Explorer Program



The Law Enforcement Explorers Program is for young adults ages **14-20 years old** who have an interest in the career of law enforcement. It is a comprehensive program with a focus on training, competition, community service and practical experiences.

Character development, physical fitness, good citizenship and patriotism are integral components of the program. The program provides opportunities to improve on public speaking, working as a team to accomplish a goal and making friendships that can last a lifetime. Through your involvement in the program, Explorers develop an awareness of the purpose, mission and objectives of law enforcement, understand the value and importance of community service and learn teamwork and leadership skills.

# HONOLULU POLICE EXPLORER

## APPLICANT QUESTIONNAIRE

Name of Applicant: (Last, First, Middle)

Date of Application:

Read the following information carefully and completely.

Those persons responsible for accepting applications into the Honolulu Police Department Explorer Program will evaluate this questionnaire. It will be reviewed as part of a background investigation into your personal history.

ALL APPLICANTS ARE REQUIRED TO COMPLETE THIS QUESTIONNAIRE AND COMPLETE AN INTERVIEW AS PART OF THE APPLICATION PROCESS.

ANY FALSE, MISLEADING, INCOMPLETE INFORMATION OR FAILURE TO FOLLOW INSTRUCTIONS LISTED BELOW WILL BE GROUNDS TO DISQUALIFY YOU FOR MEMBERSHIP IN THE HONOLULU POLICE EXPLORER PROGRAM.

---

### FOLLOW THESE DIRECTIONS CAREFULLY

- USE BLACK INK TO COMPLETE THIS QUESTIONNAIRE.
- COMPLETE THE QUESTIONNAIRE IN YOUR OWN HANDWRITING.  
**DO NOT TYPE.**
- WRITE OR PRINT LEGIBLY.
- READ EACH QUESTION CAREFULLY.
- ANSWER EACH QUESTION CAREFULLY.
- ANSWER EACH QUESTION COMPLETELY AND ACCURATELY.
- ANSWER ALL QUESTIONS.
- IF A QUESTION DOES NOT APPLY TO YOU, WRITE "N/A" IN THE BOX.
- IF YOU NEED ADDITIONAL SPACE, WRITE ON THE EXPLANATION SECTION.
- TRUTHFULNESS IS MOST IMPORTANT.

## PERSONAL INFORMATION

LAST NAME			FIRST NAME			MIDDLE		
Home Phone			Cellular Phone					
Current Address					City		State	Zip
Age	Date of Birth		Place of Birth			Sex	Race	
Height		Weight	Hair Color	Eye Color		Social Security Number		
List Any other names used			Email					

## PARENTAL INFORMATION

Mothers Name			Street Address				City	
		Occupation		Phone		State	Zip	
Fathers Name			Street Address				City	
		Occupation		Phone		State	Zip	
Guardian/Custodian Name			Street Address				City	
		Occupation		Phone		State	Zip	

## REFERENCES

List at least two (2) references (not relatives or former employers) who are responsible adults, and who have known you well for at least the last two (2) years.

Name			Street Address				City	
How long known?	Occupation		Phone		State	Zip		
Name			Street Address				City	
How long known?	Occupation		Phone		State	Zip		
Name			Street Address				City	
How long known?	Occupation		Phone		State	Zip		

## EDUCATION

Indicated by "Yes" or "No" in the boxes below:

High School Diploma		GED Certificate	
Are you currently attending High School		Are you currently attending College	
If Yes, What School are you attending?			
What Grade are you currently in?		What is your current GPA?	

Please list any High School, or College you have attended in Chronological Order.

Dates	Name of School	Attended date

Have you ever been suspended, disciplined or expelled from any school?	Yes		No	
--	-----	--	----	--

If Yes, please explain:


## MEDICAL INFORMATION

Do you have any physical injuries or illness that may affect your participation in the program/training?

If yes, please explain:


Do you have any psychological diagnosis (refer to attachment H.R.S.134-7) or circumstances that that would prevent you from participating in any firearms training sessions?

If yes, please explain:


Are you currently taking any medications?

List medications:


List any allergy to medications, foods, plants, animals, insect toxins or anything else:


Do you have or are you subject to:

Asthma   
  Fainting Spells   
  Convulsions  
 Diabetes   
  Heart Trouble   
  Bleeding disorders

Family Physician:	Phone:
-------------------	--------

Medical Insurance:

Policy Number:	Subscriber #:
----------------	---------------

## DRIVING HISTORY

		Yes	No
Have you ever had a Driver's License?			
Have you ever had a Driver's License Canceled, Refused, Revoked, or Suspended?			
Have you ever attended a Driver Improvement School?			
Have you ever been charged with Driving Under the Influence of Alcohol or Drugs?			
Have you ever been involved with Aggravated, Aggressive, or Reckless Driving?			
If yes, explain:			
List each and every traffic citation, summons, and written warning you have ever received. List in Chronological Order, beginning with MOST RECENT.			
Month/Year	Violation	City/State	Disposition/Results

## USE OF LIQUOR AND NARCOTICS

A "Yes" answer to the questions below does not automatically disqualify you from applying for the Honolulu Police Department Explorer Program. An **UNTRUTHFUL** answer **WILL DISQUALIFY YOU.**

Have you ever consumed alcoholic beverages?		Yes		No					
Do you now consume alcoholic beverages?		Yes		No					
If Yes, When was the last time?									
What type of alcoholic beverage did you consume?									
Have you ever tried or used any Narcotic or Dangerous Drug without a doctor's prescription?		Yes		No					
If you have tried, used, or ingested any of the drugs listed below, check the "Yes" box. If you have not, check the "No" box. Include the number of times and date last used.									
Type	Yes	No	# times	Date Last used	Type	Yes	No	# times	Date Last used
Marijuana					Cocaine				
Inhalants					Heroin				
Thai Sticks					Opium				
Barbiturates					Steroids				
Amphetamines					Ecstasy				
Hashish					Hallucinogenic (LSD, Mushrooms, PCP)				
If you have tried or used, any other Drug not listed, please list below.									
Type						# times	Date last used		









PLEASE READ THE FOLLOWING STATEMENTS AND SIGN PRIOR TO SUBMITTING THIS QUESTIONNAIRE.

I affirm that this questionnaire contains no misrepresentations or falsifications, omissions, or concealments of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this questionnaire are subject to later investigation. I am further aware that should any investigation disclose any misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected and I will not be eligible to become an Explorer with the Honolulu Police Department. If I have already been accepted I may be dismissed.

I authorize the Honolulu Police Department to make inquiry of references listed on the questionnaire regarding my integrity, reputation, and character.

I realize that it is necessary for the Honolulu Police Department to thoroughly investigate all aspects of my personal background and qualifications. By applying to be a volunteer with the Honolulu Police Department Explorer Post, I expressly waive all my legal rights and causes of action to the extent that the Honolulu Police Department investigation (for purposes of evaluating my suitability) may violate or infringe upon these aforementioned legal rights and cause of action of mine.

---

Applicant Name (print)

---

Date

---

Applicant Signature

---

Parent/Guardian (print)

---

Date

---

Parent/Guardian Signature

## ATTACHMENT

**§134-7 Ownership or possession prohibited, when; penalty.** (a) No person who is a fugitive from justice or is a person prohibited from possessing firearms or ammunition under federal law shall own, possess, or control any firearm or ammunition therefor.

(b) No person who is under indictment for, or has waived indictment for, or has been bound over to the circuit court for, or has been convicted in this State or elsewhere of having committed a felony, or any crime of violence, or an illegal sale of any drug shall own, possess, or control any firearm or ammunition therefor.

(c) No person who:

- (1) Is or has been under treatment or counseling for addiction to, abuse of, or dependence upon any dangerous, harmful, or detrimental drug, intoxicating compound as defined in section 712-1240, or intoxicating liquor;
- (2) Has been acquitted of a crime on the grounds of mental disease, disorder, or defect pursuant to section 704-411; or
- (3) Is or has been diagnosed as having a significant behavioral, emotional, or mental disorders as defined by the most current diagnostic manual of the American Psychiatric Association or for treatment for organic brain syndromes;

Shall own, possess, or control any firearm or ammunition therefor, unless the person has been medically documented to be no longer adversely affected by the addiction, abuse, dependence, mental disease, disorder, or defect.

(d) No person who is less than twenty-five years old and has been adjudicated by the family court to have committed a felony, two or more crimes of violence, or an illegal sale of any drug shall own, possess or control any firearm or ammunition therefor.

(e) No minor who:

- (1) Is or has been under treatment for addiction to any dangerous, harmful, or detrimental drug, intoxicating compound as defined in section 712-1240, or intoxicating liquor;
- (2) Is a fugitive from justice; or
- (3) Has been determined not to have been responsible for a criminal act or has been committed to any institution on account of a mental disease, disorder, or defect;

shall own, possess, or control any firearm or ammunition therefor, unless the minor has been medically documented to be no longer adversely affected by the addiction, mental disease, disorder, or defect.

For the purposes of enforcing this section, and notwithstanding section 571-84 or any other law to the contrary, any agency within the State shall make its records relating to family court adjudications available to law enforcement officials.

(f) No person who has been restrained pursuant to an order of any court, including an ex parte order as provided in this subsection, from contacting, threatening, or physically abusing any person, shall possess, control, or transfer ownership of any firearm or ammunition therefor, so long as the protective order, restraining order, or any extension is in

effect, unless the order, for good cause shown, specifically permits the possession of a firearm and ammunition. The restraining order or order of protection shall specifically include a statement that possession, control, or transfer of ownership of a firearm or ammunition by the person named in the order is prohibited. Such person shall relinquish possession and control of any firearm and ammunition owned by that person to the police department of the appropriate county for safekeeping for the duration of the order or extension thereof. In the case of an ex parte order, the affidavit or statement under oath that forms the basis for the order shall contain a statement of the facts that support a finding that the person to be restrained owns, intends to obtain or to transfer ownership of, or possesses a firearm, and that the firearm may be used to threaten, injure, or abuse any person. The ex parte order shall be effective upon service pursuant to section 586-6. At the time of service of a restraining order involving firearms and ammunition issued by any court, the police officer may take custody of any and all firearms and ammunition in plain sight, those discovered pursuant to a consensual search, and those firearms surrendered by the person restrained. If the person restrained is the registered owner of a firearm and knows the location of the firearm, but refuses to surrender the firearm or refuses to disclose the location of the firearm, the person restrained shall be guilty of a misdemeanor. In any case, when a police officer is unable to locate the firearms and ammunition either registered under this chapter or known to the person granted protection by the court, the police officer shall apply to the court for a search warrant pursuant to chapter 803 for the limited purpose of seizing the firearm and ammunition.

For the purposes of this subsection, good cause shall not be based solely upon the consideration that the person subject to restraint pursuant to an order of any court, including an ex parte order as provided for in this subsection, is required to possess or carry firearms or ammunition during the course of the person's employment. Good cause consideration may include but not be limited to the protection and safety of the person to whom a restraining order is granted.

(g) Any person disqualified from ownership, possession, control, or the right to transfer ownership of firearms and ammunition under this section shall surrender or dispose of all firearms and ammunition in compliance with section 134-7.3.

(h) Any person violating subsection (a) or (b) shall be guilty of a class C felony; provided that any felon violating subsection (b) shall be guilty of a class B felony. Any person violating subsection (c), (d), (e), (f), or (g) shall be guilty of a misdemeanor. [L 1988, c 275, pt of §2; am L 1990, c 191, §1; am L 1993, c 215, §1; am L 1994, c 204, §§6, 7; am L 1995, c 189, §§2, 26; am L 1998, c 133, §5; am L 1999, c 297, §1; am L 2000, c 127, §2; am L 2004, c 4, §1; am L 2006, c 27, §2]

**MEDICAL TREATMENT & RELEASE OF LIABILITY FORM**

I, \_\_\_\_\_ (Parent or Guardian / Self), give my permission to have

dependent / self, (full name) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Treat at the most available medical facility, in the event said dependent becomes ill or injured. I understand I am responsible for **ALL** the cost of any treatment.

As the parent/guardian or Explorer adult over 18 (self), I authorize my son / daughter / self to participate in explorer activities sponsored by the Honolulu Police Department. This authorization acknowledges certain dangers may occur, including, but not limited to, the hazards of strenuous physical exercises, mock scene participation, and any other duty or circumstances associated with events and/or training.

In consideration of and by authorization of my son / daughter / self, the right to participate in such events or other activities and the services, training and food arrangements for my son / daughter / self, by the Explorer Advisors, the Honolulu Police Department, and the Boy Scouts of America: Aloha Council / Learning-for-Life, I have and do hereby assume all of the above mentioned risks and will hold them harmless from any and all liability, action and cause of action, debts, claims, demands of every kind and nature whatsoever, which may arise from my participation in or my going to and from any activities arranged for me by the aforementioned parties.

I have adequate insurance coverage through my family to cover my medical needs should I become ill or injured, and understand I must fully bear the cost of such treatment through such coverage. The terms hereof shall serve as a release and assumption of risk for my heirs, executor and administration and for all members of my family.

As a parent, legal guardian, or self, I understand the aforementioned and acknowledge so by signing this form. I swear the information contained on this form, which I have provided, is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Parent or Guardian's Signature (if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Explorer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

HONOLULU POLICE DEPARTMENT  
Police Activities League

**PHOTOGRAPH / VIDEO RECORDING RELEASE FORM**

I hereby give my permission to the Honolulu Police Department (HPD) to videotape, or otherwise record my name, voice, and/or person.

I understand that these recordings of me will be used exclusively for non-commercial purposes to highlight the programs of the HPD Police Activities Leagues (PAL), which may include open-circuit (broadcast), closed circuit, and/or cable television transmission within or outside the State of Hawaii in perpetuity, including the Internet.

I waive any rights to inspect any film, audiotape, photograph, or the likeness or finished production to be used for informational or broadcast purposes.

I also understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback, and that the HPD is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

The HPD may also use my name, likeness and/or bibliographical identification for publicizing and promoting the use of these recordings.

I release the City and County of Honolulu, the Honolulu Police Department, and their officers, agents and employees, and their successors from any and all claims whatsoever, including without limitation, and all claims of libel, invasion of privacy, or infringement of publicity rights in connection with the use of my name, my likeness, or my voice as above described.

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN NAME (PLEASE PRINT)

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

(parent/guardian signature is required if the above named person is under 18 years of age.)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(TELEPHONE NUMBER)

PAL will retain this form for a period of five (5) years.