



**Paul Tursi**  
Chief of Police

**TOWNSHIP OF RIVERSIDE**  
**DEPARTMENT OF POLICE**  
1 West Scott Street  
Riverside, NJ 08075  
Phone(856)461-8820 Fax(856)461-6253

**LAW ENFORCEMENT / POLICE CADET EXPLORER  
PROGRAM  
RIVERSIDE TWP. POLICE DEPARTMENT**

Thank you for your interest in the Riverside Police Cadet Explorer Program. The Law Enforcement Exploring Post is designed for young men and women who live in or near the Township of Riverside, as a mentoring and training program for teens to become familiar with and involved in Law Enforcement; to further their knowledge and understanding of the criminal justice system through training; and to provide an insight into all phases of police work as a possible profession. The Cadet Exploring program is a community service program; the Explorers participate in many community events throughout the year. While actively becoming a part of their community the Explorers foster a better understanding between the Police Department and the youth of our Township.

**MISSION STATEMENT**

The Riverside Police Cadet Explorer program strives to meet and fulfill the Riverside Police Department's Mission Statement through community service and teamwork. "Our mission is to promote the quality of life in Riverside by providing police services with integrity and a spirit of excellence, in partnership with our community."



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**READ CAREFULLY**

Enclosed you will find an application, background packet, and a medical information form. It is a normal part of the Police Department procedure to perform checks (records and reference) on the suitability of new Explorers due to the sensitivity of the information with which you will be working. Included in the background packet is an in-processing form (used for the record check and setting up an I.D. card), two reference check forms that require your signature. You do not need to send these out; we will take care of that. If there are questions at any time during the application process do not hesitate to call the Explorer Adviser's Ptl. Anthony Congemi or Ptl. Anthony Cicali at 461-8820. **ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND ACCURATELY.** If a question does not apply enter N/A in the space provided. Falsification or failure to include information as directed will be considered grounds for non-acceptance or termination if already a member. Questions requiring additional information may be placed on the back of the form. A letter of recommendation from a professional, friend, neighbor, or an associate will aid in your acceptance into the Explorer Program. But this is not mandatory.



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1. MUST be between the ages of 15 and 20. (Must apply prior to 20<sup>th</sup> birthday)  
Or at least 14 and completion of 8<sup>th</sup> Grade.
2. MUST have and maintain a GPA of C or better. Must provide a copy of your report card
3. MUST pass a background investigation and an oral board interview
4. MUST be able to attend all training sessions. The Academy is ten hours a day for eleven days during two consecutive weeks during the summer. Must complete a 6 month probationary period.
5. MUST maintain a 70% or higher, cumulative GPA through the Explorer Basic Training Academy. ANYONE CAUGHT CHEATING ON ANY TEST WILL BE AUTOMATICALLY DISMISSED FROM THE PROGRAM.
6. MUST be willing and able to participate in monthly meetings, some physical activity, community service events, post fundraising activities, and some social activities.
7. If Explorers are interested in doing a ride along with police officers you must have parent's permission. MUST be at least 16 years of age. MUST maintain a good attendance record for meetings, activities and events.
8. MUST join Learner for Life Explorer Post (includes girls), annual fee of \$20.
9. Applicants will be notified upon acceptance. All new Explorers will undergo a probation trial period.

All interested persons should contact 856-461-8820 or mail applications to:  
Riverside Township Police Dept.  
Attn: Ptlm. Congemi  
1 w. Scott St.  
Riverside NJ 08075

(Keep these pages for your own records)



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Application

Date of Application \_\_\_\_\_

NAME: \_\_\_\_\_

(Last) (First) (Middle)

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address \_\_\_\_\_

(Number) (Street) (City) (State) (Zip)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Other \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Place of birth \_\_\_\_\_

HT \_\_\_\_\_ WT \_\_\_\_\_ Hair \_\_\_\_\_

Eyes \_\_\_\_\_ SSN \_\_\_\_\_

Please state how you found out about the program

\_\_\_\_\_

SCHOOL INFORMATION

School \_\_\_\_\_

(CURRENT OR LAST SCHOOL ATTENDED)

Year \_\_\_\_\_ GPA \_\_\_\_\_

Phone Number \_\_\_\_\_

EMPLOYMENT INFORMATION

Employer \_\_\_\_\_

Phone Number \_\_\_\_\_

(List business name and current supervisor)

Address \_\_\_\_\_

(Number) (Street) (City) (State) (Zip)



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LIST TWO PERSONAL REFERENCES: (OTHER THAN RELATIVES) State your relationship to them.

1. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**PARENT(S) /GUARDIAN INFORMATION**

Which parent/guardian do you live with? (Circle one) MOTHER FATHER BOTH  
GUARDIAN

MOTHER'S NAME \_\_\_\_\_ DAY TIME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ DAY TIME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

GUARDIAN'S NAME \_\_\_\_\_ DAY TIME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

The information in this packet is accurate to the best of my  
knowledge \_\_\_\_\_

(Applicant's signature)

**This information has been reviewed and verified**

by: \_\_\_\_\_  
(Parent's/guardian's signature required if under 18 yrs of age)



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**(IF UNDER 18 PROVIDE A LETTER FROM YOUR PARENT(S) STATING HOW THEY WILL BACK AND SUPPORT YOU IN THIS PROGRAM)**

**RPD CADET EXPLORER POST**  
**BACKGROUND INFORMATION**

PERSONAL INFORMATION

NAME OF APPLICANT \_\_\_\_\_

DO YOU POSSES A VALID DRIVERS LICENSE? \_\_\_\_\_ (if yes the following must be completed.)

STATE \_\_\_\_\_ NUMBER \_\_\_\_\_ TYPE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? \_\_\_\_ IF YES, GIVE DATE \_\_\_\_\_

REASON: \_\_\_\_\_

DO YOU OWN A VEHICLE? \_\_\_\_\_ YEAR \_\_\_\_\_ MAKE \_\_\_\_\_  
MODEL \_\_\_\_\_

VEHICLE LICENSE NUMBER \_\_\_\_\_

LIST ALL TRAFFIC TICKETS YOU HAVE RECEIVED (USE BACK OF PAGE IF NECESSARY)

MONTH/YEAR CHARGE LOCATION DISPOSITION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Background Check Release Forms**

I, (your name) \_\_\_\_\_, Date of Birth \_\_\_\_\_  
do hereby authorize the Riverside Township Police Department designee, and or  
Cadet Program Advisor to have access to any records your agency may have  
concerning me.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
**(Parent's/ Guardian's signature if applicant is under 18)**

I, (your name) \_\_\_\_\_, Date of Birth \_\_\_\_\_  
do hereby authorize the Riverside Township Police Department designee, and or  
Cadet Program Advisor to have access to any records your agency may have  
concerning me.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
**(Parent's/ Guardian's signature if applicant is under 18)**



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**BACKGROUND INFORMATION**  
**Continued**

List any courses or training you feel would have an effect on the Explorer Program:  
\_\_\_\_\_

The information in this packet is accurate to the best of my knowledge \_\_\_\_\_  
(Applicant's signature)

**This information has been reviewed and verified**  
**by: \_\_\_\_\_**  
**(Parent's/Guardian's signature required if under 18 yrs of age)**

**TO HELP ALL APPLICANT'S FILL OUT THE BACKGROUND CHECK FORMS, USE THE FOLLOWING INSTRUCTIONS**

1. For the Background check release form
  - a. Print your name and date of birth on all 4 top lines
  - b. Date all 4 releases
  - c. Sign all 4 releases and, if you are under 18, have a parent's/ guardian's signature
  
2. For the **reference check letter forms**
  - a. Print your name at the top of both forms
  - b. Sign the Applicant's Signature line (if you are under 18 you must have a parent's/ guardian's signature)
  - c. Print the name of whom the form is going to below that (Reference's Name)
  - d. These forms will go to the same 2 people you have listed as references on your application
  
3. The Riverside Township Police Department **In-processing form**
  - a. Fill in the top personal information square at the top of page
  - b. Fill in this top square completely and as accurately as possible
  - c. Print your name and your signature in the applicants line in the "I agree to the following terms" box

**(Once submitted, all applications become property of the Riverside Township )**





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**BACKGROUND INFORMATION**  
Continued

HAVE YOU EVER BEEN INVOLVED IN A TRAFFIC ACCIDENT (AS A DRIVER)? \_\_\_\_\_

IF YES, GIVE ALL DATES AND LOCATIONS

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HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM SCHOOL?  
\_\_\_\_\_ IF YES EXPLAIN:

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HAVE YOU EVER BEEN CONVICTED OF A CRIME OR ACCEPTED A PLEA BARGIN? \_\_\_\_\_

If yes please complete the following (list juvenile as well as adult records) - list any additional information on the back  
OFFENSE CITY DATE DISPOSITION

**GENERAL INFORMATION**

If you are under the age of 18, do you use tobacco? \_\_\_\_\_ If yes explain?

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If you are under the age of 21, do you consume alcoholic beverages? \_\_\_\_\_ If yes explain:

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**GENERAL INFORMATION**  
**Continued**

Why do you want to become a Cadet Explorer?

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If accepted for this program what will be your goals?

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Do you have your parents support in joining?

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Will you be able to attend the Explorer Academy which is two consecutive weeks during the summer?

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Are you willing and able to attend the monthly meetings?

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Are you willing and able to participate in monthly community service projects?

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List any community service organizations, social, school or other groups that you are now a part of or have been a member of:

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**TO BE COMPLETED BY REFERENCE  
Please return to Riverside Township Police Department  
at the address listed above.**

Explorer Applicant's Name **(Please Print)**

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I have applied to become a Cadet Explorer with the Riverside Township Police Department and have given your name as a reference. I request and authorize you to furnish the Riverside Township Police Department with the requested information listed below. This information will be used in determining my qualification and fitness for the RPD Cadet Explorer Program. I hereby release you from any liability or damages that may result from furnishing such information.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Guardian's Signature if under 18 \_\_\_\_\_ Date \_\_\_\_\_

**Reference Name:**

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Reference mailing address:

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



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**TO BE COMPLETED BY REFERENCE**  
**Please return to Riverside Township Police Department**  
**at the address listed above.**

Please answer the following questions, sign and return this form in the enclosed envelope. (Envelope not provided if obtained by the applicant via the internet online.) The applicant has signed the above Release of Information. The information you give will remain confidential. Your promptness in returning this form to the address above will expedite the process for the applicant to become a Cadet with the Riverside Township Police Department.

1. How do you know the applicant? ( ) Friend ( ) Co-Worker ( ) Relative ( ) Acquaintance ( ) School personnel ( ) Other (Describe)
2. Approximately how many ( ) Years ( ) Months ( ) Weeks have you known the applicant?
3. What are the person's best qualities?
4. What are the person's worst attributes/ or something that they need to work on?
5. Do you know of anything that might preclude the applicant from working with a law enforcement agency? ( ) Yes ( ) No If yes, please explain.
6. Would you recommend the applicant as a Cadet with the Riverside Township Police Department? ( ) Yes ( ) No Indicate why or why not.

Reference's Signature \_\_\_\_\_ Date \_\_\_\_\_



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RPD CADET EXPLORER POST  
HEALTH HISTORY INFORMATION

This information is optional but will assist the program in insuring the safety of all involved.

The information in this packet is accurate to the best of my knowledge \_\_\_\_\_  
(Applicant's signature)

This information has been reviewed and verified by \_\_\_\_\_  
(Parent's/Guardian's signature required if under 18 yrs of age)

The parent/guardian of \_\_\_\_\_  
(Applicant's name)

This line should ONLY be completed if the applicant or parent/guardian refused to complete the health history information form  
Refused to provide information

\_\_\_\_\_  
(Applicant's signature or signature of parent's/guardian's if under 18 yrs of age)  
Are you allergic to any medications? \_\_\_\_\_ If yes, list and explain:

\_\_\_\_\_  
Do you have any illness or condition that may prevent you from taking part in Explorer Activities? \_\_\_\_\_ If yes explain:

\_\_\_\_\_  
Are you taking any medications on a regular basis \_\_\_\_\_ If yes please list medication and dosage

\_\_\_\_\_  
Do you wear glasses/contact lenses? \_\_\_\_\_

\_\_\_\_\_  
Do you have any hearing impairments? \_\_\_\_\_ If yes, explain:



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**HEALTH HISTORY INFORMATION**  
**Continued**

Have you ever been diagnosed with a mental or nervous disorder? \_\_\_\_\_ If  
yes, explain:

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Do you have or have you ever had the following:

- Asthma
- Diabetes
- Fainting Spells
- Heart Trouble
- Convulsions
- Bleeding Disorders
- Any conditions that may require special care, medication, or diet

If yes to any of the above explain:

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Any restriction of activity for medical reasons?

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**Thank you for your application**

**RESOLUTION 2007 - #56**  
**A RESOLUTION OF THE TOWNSHIP OF RIVERSIDE AUTHORIZING THE**  
**RIVERSIDE TOWNSHIP POLICE DEPARTMENT TO DEVELOP A LAW**  
**ENFORCEMENT EXPLORERS PROGRAM.**

**Whereas**, the Police Department of the Township of Riverside sees a need for a Law Enforcement Explorers Program; and

**Whereas**, the Police Department of the Township of Riverside has both the resources and man power to carry out this objective; and

**Whereas**, both the Township Committee and the Police Department believe that the Explorers Program is an invaluable opportunity for adolescents; and

**Whereas**, the Police Department of the Township of Riverside agrees to seek out and accept only those individuals truly dedicated to and representative of the ideals embodied by the Police Department and its community policing mission.

**Now, Therefore, Be It Resolved**, that the Township Committee of the Township of Riverside hereby authorizes the development of a Law Enforcement Program in the Police Department of the Township of Riverside.

Adopted the 23<sup>rd</sup> Day of April 2007 at the Meeting of the Township Committee of the Township of Riverside.

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Susan M. Dydek, RMC  
Municipal Clerk

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George Conard, Sr.  
Mayor



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I \_\_\_\_\_ Reside At \_\_\_\_\_

And have applied to the Explorer Program with the Riverside Township Police Department. I am aware that my entire background is to be investigated. I hereby authorize and request the release of any and all information you have concerning me (INCLUDING A TRANSCRIPT OF ANY ACADEMIC RECORD.) To the Riverside Township Police Department or its agent upon presentation of this release or copy thereof.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
**(Parent's /Guardian's signature if applicant is under 18)**

STATE OF NEW JERSEY, COUNTY OF \_\_\_\_\_

CITY OR TOWNSHIP OF \_\_\_\_\_

THIS DAY \_\_\_\_\_ PERSONALLY APPEARED  
BEFORE ME AND ACKNOWLEDGED HIS/HER SIGNATURE TO THE ABOVE  
STATEMENT.

MY COMMISSION EXPIRES ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC