



HSI EXPLORER POST 601 WELCOME LETTER (YOUTH)



Dear Parent/Guardian,

Thank you for allowing your child to participate in the Homeland Security Investigations (HSI) Law Enforcement Explorer Program. If it were not for the parents' support and the Explorers' dedication, this Program would not be able to continue for years to come.

To successfully continue the Program, it is essential to maintain communication between all parties, including parents, Explorers, the Post Advisor, and HSI Volunteers. If the Post Advisor and/or HSI Volunteers feel that an Explorer is irrational and may cause harm to themselves and/or others, the Post Advisor will contact their parents. Additionally, if a parent finds that their child is not acting in a familiar manner and/or they are concerned about their child, please contact the Post Advisor.

It must be understood that all HSI Explorers and Recruits must abide by the rules and regulations of the Post as outlined in the HSI Explorer Post Manual. It is imperative that the Post members, as well as parents and/or guardians, are aware that these bylaws are taken seriously and that members are held accountable. Attached, you will find a list of the most important policies of the Post. Each Post member and their parents must review and sign the documents. By signing the documents, you and your child certify that you have read and understood the rules and that your child may receive disciplinary action, up to and including dismissal from the Post, if they violate the Post policies and regulations.

Applicants must send this packet¹ and other required documents (resume, transcript, class schedule, copy of state-issued ID (school ID if under 18), and copy of insurance card) by September 30, 2025 via email to info@hsipost601.org. All documents must be filled out (Neatly Printed or Typed). If you fail to provide these documents, you will not be considered any further.

If selected, you must complete all remaining administrative requirements (pay a \$100 registration fee, submit remaining medical forms, etc.) NLT October 30, 2025.

If you have any questions or concerns, please contact PAC Advisor Iliana Velazquez at (646) 234-0660.

Respectfully,

Iliana Velazquez

Post Advisor in Charge

Email: Iliana.R.Velazquez@hsi.dhs.gov

Phone: (646) 234-0660

¹ \$100 registration fee and Part C of the Exploring Annual Health and Medical Record & Individualized Medication Orders may be submitted separately, NLT October 30, 2025

HSI EXPLORER POST 601 APPLICATION DETAILS

Program Eligibility:

- Be a U.S. citizen.
- Be between the ages of 14 and 20.
- Be enrolled in an accredited high school or college.
- Have at least a 2.0 cumulative grade point average (GPA).
- Pass a background investigation.

Program Requirements:

- Attend meetings every Friday evening from 5:00 PM to 8:00 PM at the HSI SAC New York Office, starting in October and ending in June.
- Remain at least in part-time student status as defined by their accredited academic institution.
- Maintain at least a 2.0 GPA.
- Complete all administrative requirements (e.g., pay a \$100 registration fee, submit remaining medical forms, etc.).

How to Apply:

Submit the following via email to info@hsipost601.org:

- HSI Explorer Post 601 Application Packet¹
 - Youth Application (if under 18)
 - Adult Application (if 18 or over)
- Resume
- Transcript
- Class Schedule
- Copy of State Issued ID (School ID is acceptable if under 18)
- Copy of Insurance Card

Application Process:

1. **Apply:** Submit all required documents. Only the first 50 applications will be considered.
2. **Interviews:** Virtual interview with Explorer leadership and a second interview conducted by a panel.
3. **Conditional Offer:** If selected, you will receive a conditional offer. A final offer is contingent upon your favorable adjudication of a background investigation and meet & greet.
4. **Background Investigation:** This step includes criminal history checks, reference checks, and verification of suitability questionnaire answers.
5. **Meet & Greet:** An information session will be hosted for select applicants to learn about the organization and what to expect as an Explorer.
6. **Final Offer:** If favorably adjudicated, you will receive a final offer with details about your start date and you must complete all remaining administrative requirements (e.g., pay a \$100 registration fee, submit remaining medical forms, etc.).

¹ \$100 registration and Part C of the Exploring Annual Health and Medical Record & Individualized Medication Orders may be submitted separately, NLT October 30, 2025.

HSI EXPLORER POST 601 EXPLORER APPLICATION (YOUTH)

APPLICATION INFORMATION					
ANNOUNCEMENT NUMBER HSI-EP-601-FY2026				OPEN PERIOD 07/01/2025 to 09/30/2025	
ORGANIZATION Homeland Security Investigations Explorer Post 601				POSITION TITLE Explorer (External)	
BIOGRAPHIC INFORMATION					
NAME (LAST, FIRST, MI)			SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER
DATE OF BIRTH (mm/dd/yyyy)	AGE	PLACE OF BIRTH (CITY, STATE)		COUNTRIES OF CITIZENSHIP	
SEX	HEIGHT (INCHES)	WEIGHT (lbs)	HAIR COLOR		EYE COLOR
HOME ADDRESS (STREET, APT, CITY, STATE, ZIP CODE)			EMAIL		PHONE #
NAME OF SCHOOL		CURRENT GRADE	SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)		SCHOOL PHONE #
PARENT/GUARDIAN INFORMATION					
NAME (LAST, FIRST, MI)					
RELATIONSHIP		EMAIL		PHONE #	
EMERGENCY CONTACT INFORMATION					
CONTACT #1 NAME (LAST, FIRST, MI)					
RELATIONSHIP		EMAIL		PHONE #	
CONTACT #2 NAME (LAST, FIRST, MI)					
RELATIONSHIP		EMAIL		PHONE #	
ELIGIBILITIES					
Are you a U.S. citizen?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you between the ages of 14 and 20?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently enrolled (or accepted for enrollment) with at least a cumulative 2.0 GPA in an accredited educational institution? You must remain enrolled and must provide proof of current student status.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to undergo and successfully complete a background check?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to attend weekly meetings every Friday evening from 5:00 PM to 8:00 PM?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to complete all administrative requirements (e.g., submit all forms, pay a \$100 registration fee, etc.)?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
CERTIFICATION					
<p>By signing below, I acknowledge that I am solely responsible for the answers and documentation submitted in my application. I understand that my answers cannot be altered once I have submitted my application and the announcement has closed. I certify that, to the best of my knowledge and belief, all of the information contained in my application for the Program is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of my application may be grounds for not selecting me, or for expulsion after I begin the Program. I authorize an HSI background check on myself and/or the Applicant and certify that I accept responsibility for the responses and documentation submitted in my application and that the information I have provided is true to the best of my knowledge. I understand that any portion of this application is subject verification by the Post and/or the U.S. Immigration and Customs Enforcement, Office of Professional Responsibility (ICE/OPR). If the Applicant is under eighteen years old, I acknowledge, as the parent/guardian, that I am over eighteen and have the legal capacity to sign this agreement.</p>					
APPLICANT'S NAME		APPLICANT'S SIGNATURE			DATE (mm/dd/yyyy)
PARENT/GUARDIAN'S NAME		PARENT/GUARDIAN'S SIGNATURE			DATE (mm/dd/yyyy)

HSI EXPLORER POST 601 SUITABILITY QUESTIONNAIRE

POLICE RECORD		
Have you EVER been issued a summons, citation, ticket, or court order?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you EVER been detained or arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ILLEGAL USE OF DRUGS OR DRUG ACTIVITY		
Have you EVER illegally used any drugs or controlled substances, such as marijuana or cannabis products?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you EVER been involved in the illegal purchase, receiving, handling, or sale of any drug or controlled substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ILLEGAL OR UNAUTHORIZED ACCESS OF SYSTEMS AND FACILITIES		
Have you EVER illegally or without proper authorization accessed or attempted to access any electronic or physical information technology systems or restricted buildings, facilities, and grounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYMENT / EXPLORER ACTIVITIES		
List your most recent employment activities, if any.		
DATES OF EMPLOYMENT (mm/yyyy to mm/yyyy)	POSITION TITLE	EMPLOYMENT SCHEDULE (HOURS/DAYS)
EMPLOYER NAME	EMPLOYER ADDRESS	EMPLOYER PHONE #
SUPERVISOR NAME (LAST, FIRST, MI)	SUPERVISOR EMAIL	SUPERVISOR PHONE #
Have any of the following EVER happened to you? <ul style="list-style-type: none"> Fired from a job? Quit a job after being told you would be fired? Have you left a job by mutual agreement following charges or allegations of misconduct? Left a job by mutual agreement following notice of unsatisfactory performance? Received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace and/or Explorer programs, such as violation of a security policy? 		<input type="checkbox"/> Yes <input type="checkbox"/> No
REFERENCES		
Provide three adults who know you well. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school, or neighborhood, and whose combined association. Do not list your relatives.		
REFERENCE #1 NAME (LAST, FIRST, MI)		
RELATIONSHIP	EMAIL	PHONE #
REFERENCE #2 NAME (LAST, FIRST, MI)		
RELATIONSHIP	EMAIL	PHONE #
REFERENCE #3 NAME (LAST, FIRST, MI)		
RELATIONSHIP	EMAIL	PHONE #
REMARKS		
All YES answers on the Suitability Questionnaire MUST have a written explanation with the date of occurrence(s) on a separate page.		
CERTIFICATION		
By signing below, I certify that my statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my application, membership prospects, or membership status, up to and including removal and debarment from the Program. I understand that any portion of this questionnaire is subject to verification by the Post and/or the U.S. Immigration and Customs Enforcement, Office of Professional Responsibility (ICE/OPR). If the Applicant is under eighteen years old, I acknowledge, as the parent/guardian, that I am over eighteen and have the legal capacity to sign this agreement.		
APPLICANT'S NAME	APPLICANT'S SIGNATURE	DATE (mm/dd/yyyy)
PARENT/GUARDIAN'S NAME	PARENT/GUARDIAN'S SIGNATURE	DATE (mm/dd/yyyy)

**HSI EXPLORER POST 601
SUITABILITY QUESTIONNAIRE**

EXPLANATIONS/REMARKS

All **YES** answers on the Suitability Questionnaire **MUST** have a written explanation with the date of occurrence below. We note that neither your truthful responses nor information derived from your responses will be used as evidence against you in a subsequent criminal proceeding.

HSI EXPLORER POST 601 POLICY AGREEMENT

As a member of the Homeland Security Investigation (HSI) Law Enforcement Explorer Program, the HSI Explorer Post 601, and as the parent and/or guardian of the Post member, the following rules and regulations must be adhered to. The violation of any of the following by-laws is cause for disciplinary actions up to and possibly including dismissal from the Program and is up to the discretion of the Post Advisor in Charge.

- Post members will NOT be allowed access to the building 15 minutes after the start of the meeting (a member must contact the Post NO LATER THAN an hour before the meeting if there is an expected delay in arrival). There will be three (3) pickup times prior to the start of the meeting/events for Explorers (4:30p / 4:40p / 4:50p). Three (3) lateness will be equivalent to one absence.
- Post members are dismissed from the building and are to travel directly home immediately following dismissal from any scheduled meeting, event, or activity. Post members who do not travel directly home are responsible for contacting their parents. The Post Advisors are not liable for the Post members after they are dismissed from the meeting or event.
- Post members must contact the Post if they will or will not attend a meeting, event, or activity on the BAND application at least a day before the scheduled event. The Explorer must complete a "Leave of Absence" form when absent. A letter will be sent home after three absences to ensure that the parents/guardians are aware of the members' absences, and the Explorer will be referred to the Advisors for potential disciplinary action.
- If a Post member and/or parent wishes to request a leave of absence, a "Leave of Absence" form must be submitted to the Post Advisor a week prior to taking leave. The "Leave of Absence" form must contain the reason for the request, a specified period, and the expected return date. Any leave of absence extending 2 months requires the Post member to return their complete uniform and Identification card. Attendance of twenty-seven meetings along with forty hours of community service must be completed for credit for post participation.
- The personal conduct of each Post member is the primary factor in promoting this Program; therefore, tact, patience, and courtesy will be observed under ALL circumstances. Disrespect towards the HSI personnel, Post Advisors, and Post members WILL NOT BE TOLERATED. If HSI personnel ask them to identify themselves, Explorers must immediately do so in a respectful manner.
- Post members must maintain a professional attitude and demeanor that WILL NOT in any manner communicate any personal prejudices.
- Post members will avoid behavior that will bring criticism to the Post, including fraternization within the Post. Withholding or lying about any information that may have affected admittance to the Post, including but not limited to gang affiliation and drug use, is cause for dismissal from the Program.
- Post members, regardless of grade or rank, must pass each class every reporting period with at LEAST a 70% (C average). Copies of report cards or transcripts MUST be provided to the Post Advisor at the end of each reporting period. Explorers who do not maintain the required average must seek tutoring and face disciplinary actions.

POLICY AGREEMENT

By signing below, I acknowledge and represent that I have read and understood the Policy Agreement. I agree and will adhere to the rules and regulations of this Post. If the Applicant is under eighteen years old, I acknowledge, as the parent/guardian, that I am over eighteen and have the legal capacity to sign this agreement.

APPLICANT'S NAME

APPLICANT'S SIGNATURE

DATE (mm/dd/yyyy)

PARENT/GUARDIAN'S NAME

PARENT/GUARDIAN'S SIGNATURE

DATE (mm/dd/yyyy)

**HSI EXPLORER POST 601
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

**PLEASE READ CAREFULLY BEFORE SIGNING. THIS DOCUMENT INCLUDES A WAIVER OF LIABILITY AND A
WAIVER OF CERTAIN LEGAL RIGHTS.**

1. I, _____, the Parent or Guardian of _____, do hereby grant permission for him or her to participate in the Homeland Security Investigations Explorer Program.
2. In consideration of the benefits received by the EXPLORER pursuant to their participation in the U.S. Immigration and Customs Enforcement (ICE), Homeland Security Investigations (HSI) Law Enforcement Explorer Post 601 under the Greater New York Councils Learning for Life, I hereby forever release, waive and discharge the United States of America, the Department of Homeland Security, ICE, HSI and any of their successors, officers, servants, assignees, agents, employees, and their heirs, in their individual and official capacities, (hereinafter referred to as Released Parties) from any and all liability, claims, demands, suits, actions and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by the EXPLORER, or to any property belonging to the EXPLORER or used by the EXPLORER, whether caused by the negligence of the Released Parties or otherwise, while participating in any activity relating to the HSI Explorer Post, or while in, on or upon the premises where any such activity is being conducted, or in transportation pertaining to any such activity, including but not limited to participation in any firearms range activities and in any ride-along on and HSI enforcement operation, including rides in HSI vehicles. I also agree not to sue the Released Parties or file any claim for damages against the Released Parties for any loss, damage, or injury, including death, that may be sustained by the EXPLORER or to any property belonging to the EXPLORER or used by the EXPLORER, whether caused by the negligence of the Released Parties or otherwise, while participating in such activities in the Law Enforcement Explorer Program.
3. I certify that I have never been convicted of a felony offense under any state or Federal law. To the best of my knowledge, I can fully participate in all activities conducted as part of the HSI Explorer Post. I agree that I will attend all required safety briefings given as part of the HSI Explorer Post and that, when participating in the HSI Explorer Post activities, I will comply with all safety and other instructions given to the EXPLORER by HSI personnel. I recognize that following these instructions is necessary to protect the safety of myself, other participants, and HSI personnel. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, that may be sustained by the EXPLORER or any loss or damage to property owned or used by the EXPLORER as the result of being engaged in such activities, whether caused by the negligence of the Released Parties or otherwise.
4. I further agree to hold harmless the Released Parties from any loss, liability, damage, or costs, including court costs and attorney's fees, that may be incurred due to my participation in any activity relating to the HSI Explorer Post, whether caused by the negligence of the Released Parties or otherwise.
5. In case of an accident or illness occurring while the EXPLORER is engaged in any Explorer activity, I hereby grant permission for the EXPLORER to receive necessary medical treatments.
6. I expressly intend that this Release and Waiver of Liability and Hold Harmless Agreement shall bind myself, the members of my family and spouse (if any), and my heirs, executors, administrators, assignees, and personal representatives.
7. I also understand that I am responsible for any damage, loss, or injury I cause to any other individual or property, facility, or vehicle, whether government employees or third parties, or government property or the property of third parties.
8. I also agree that participating in the HSI Explorer Post is a privilege, that the information that I learn about HSI's law enforcement techniques and procedures is intended only to increase my understanding of HSI's law enforcement role, and that I will not disclose information that I learn about HSI techniques and procedures to third parties who are not participants in the HSI Explorer Post. I understand that I will not have access to confidential and sensitive information regarding individuals who HSI may be investigating, but if I were to obtain such information inadvertently, I agree that I will respect its confidential and sensitive nature and not disclose or discuss this information with anyone other than HSI personnel.

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

By signing below, I acknowledge and represent that I have read and understood the foregoing Release and Waiver of Liability and Hold Harmless Agreement. If the Applicant is under eighteen years old, I acknowledge, as the parent/guardian, that I am over eighteen and have the legal capacity to sign this agreement.

APPLICANT'S NAME	APPLICANT'S SIGNATURE	DATE (mm/dd/yyyy)
PARENT/GUARDIAN'S NAME	PARENT/GUARDIAN'S SIGNATURE	DATE (mm/dd/yyyy)
HOME ADDRESS (STREET, APT, CITY, STATE, ZIP CODE)		
WITNESS NAME (LAST, FIRST, MI)		
RELATIONSHIP	EMAIL	PHONE #
EMERGENCY CONTACT NAME (LAST, FIRST, MI)		
RELATIONSHIP	EMAIL	PHONE #

HSI EXPLORER POST 601 IMAGE RELEASE FORM

As a member of the Homeland Security Investigations (HSI) Law Enforcement Explorer Program, the HSI Explorer Post 601, and the parent/guardian of the Post member, understand that photographs, videos, and audio recordings will be taken during participation in events, training, meetings, and activities organized or attended by HSI.

I Grant permission to the U.S. Department of Homeland Security, U.S. Immigration and Customs Enforcement, Homeland Security Investigations (DHS/ICE/HSI), and HSI Explorer Post 601, its representatives, employees, and volunteers, the right to take and use photographs, videos, and audio recordings of me and my property in connection with the HSI Law Enforcement Explorer Program.

I Authorize DHS/ICE/HSI and HSI Explorer Post 601, its assignees and transferees, to copyright, use, and publish the same in print, video, and/or electronically.

I Agree that DHS/ICE/HSI and HSI Explorer Post 601 may use such photographs, videos, and audio recordings of me, with or without my name, and for any lawful purpose, including publicity, illustration, training, advertising, or Web content.

IMAGE RELEASE AGREEMENT

By signing below, I acknowledge and represent that I have read and understood the foregoing Release form. If the Applicant is under eighteen years old, I acknowledge, as the parent/guardian, that I am over eighteen and have the legal capacity to sign this agreement.

APPLICANT'S NAME	APPLICANT'S SIGNATURE	DATE (mm/dd/yyyy)
PARENT/GUARDIAN'S NAME	PARENT/GUARDIAN'S SIGNATURE	DATE (mm/dd/yyyy)

Exploring brings business and community leaders together to help young people reach their full potential. Exploring offers youth and young adults unique, hands-on experiences in an environment that develops leadership, character, and confidence through many immersive and empowering moments along the way.

OUR MISSION

Deliver character-building experiences and mentorship that allow youth to achieve their full potential in both life and work.

OUR VISION

Shape the workforce of tomorrow by engaging and mentoring today's youth in career and life-enhancing opportunities.

PROGRAM UPDATE: This youth application is to be used only for youth 17 years old and younger. Beginning ***January 6, 2020**, all applicants 18 through 20 years old must complete and submit an adult application, consent to a criminal background check, and successfully complete Youth Protection training. However, an 18- through 20-year-old will still be considered an adult Exploring participant in the post, and not considered an adult leader.

CLUBS

The Exploring club career education program is for young men and women in the sixth, seventh, and eighth grades. They must be at least 10 years old but not yet 15 years old and have completed the fifth grade but have not yet completed the eighth grade. For those individuals who are 15 years old or older, please review the guidelines for joining Exploring posts.

POSTS

The Exploring post career education program is for young men and women who have completed the eighth grade and are at least 14 years old and not yet 21.

NOTE: *This updated start date for this policy is August 1, 2020.

Exploring Information for Parents

A parent or guardian must certify that he or she has read this information sheet for all applicants under 18 years of age.

Welcome to Exploring!

Please take the time to review this material and reflect upon its importance.

Exploring and Participating Organizations

Exploring is a program of Learning for Life—a nonprofit organization that provides character and career programs and resources to youth across the country. Exploring is made available to our nation's youth through agreements with community organizations to operate Exploring clubs and Exploring posts.

The participating organization must provide an adequate and safe meeting place and capable adult leadership, and must adhere to the principles and policies of Exploring. The local council provides adult training, program ideas, outdoor facilities, literature, professional guidance for adult leaders, and liability insurance protection.

Exploring's Adult Leaders and You

Exploring's adult leaders provide leadership at the unit, district, council, and national levels. Many are parents of Explorers. Each participating organization establishes a unit committee, which operates its Exploring unit, selects leadership, and provides support for a quality program. Unit committees depend on parents for membership and assistance.

The unit committee selects the post advisor or club sponsor, subject to approval of the head of the participating organization and of Learning for Life. Adult leaders must be good role models because our children's values and lives will be influenced by that adult. You need to know your child's adult leaders and be involved in the unit committee's activities so you can evaluate and help direct that influence.

Exploring uses an interactive program to promote character development, citizenship training, and career education for every participant. You can help by encouraging attendance, attending meetings for parents, and assisting when called upon to help.

Youth Protection Begins With You™. Child abuse is a serious problem in our society, and unfortunately, it can occur anywhere. Youth safety is of paramount importance to Exploring. For that reason, Exploring continues to create barriers to abuse beyond what have previously existed in Exploring.

Exploring places the greatest importance on providing the most secure environment possible for our youth participants. To maintain such an environment, Exploring has developed numerous procedural and adult leader selection policies, and provides parents and adult leaders with numerous online and print resources for the Exploring programs.

Health Information. You should inform your unit leader of any condition that might limit your child's participation. Please fill out the Annual Health and Medical Record found on www.exploring.org and give it to the unit leader.

The annual national registration fee is nonrefundable.

For general questions, contact your local council.

Program Policies

Participating organizations agree to use the Exploring program in accordance with their own policies as well as those of Learning for Life. The program is flexible, but major departures from Exploring methods and policies are not permitted. As a parent, you should be aware that

- Exploring adult participation is restricted to qualified people.
- Citizenship activities are encouraged, but partisan political activities are prohibited.
- Military training and drills are prohibited. Marksmanship and elementary drills for ceremonies are permitted.

Youth Protection Policies

- Two registered adult leaders 21 years of age or over are required at all activities, including meetings. There must be a registered female adult leader 21 years of age or over in every unit serving females. A registered female adult leader 21 years of age or over must be present for any activity involving female youth.
- One-on-one activities between participants and adults are never permitted. Even personal conferences must be conducted in plain view of others.
- Corporal punishment, hazing, and bullying are not permitted in Exploring. Only constructive discipline is acceptable. Parents and unit leaders must work together to solve discipline problems.
- Youth Protection training must be taken every two years. This training can be taken at www.exploring.org/training-safety.
- We encourage all parents to be involved with their Explorer. There are no "secret" organizations in Exploring and all Exploring activities are open to parental visitation.
- If you suspect that a child has been abused, immediately contact the local authorities and the council executive.
- Effective on the participant's 21st birthday, he or she must register as a leader and can no longer be a youth participant.

Policy of Nondiscrimination

Youth participation is open to any youth in the prescribed age group for that particular program. Adults, 21 years of age and older, are selected by participating organizations for involvement in the Learning for Life programs. Color, race, religion, gender, sexual orientation, ethnic background, disability, economic status, and citizenship are not criteria for participation by youth or adults.

Youth and adults involved with Learning for Life programs, including Exploring, are registered with Learning for Life as participants.

Ethnic background information. Please fill in the appropriate circle on the application to indicate ethnic background. This information helps Learning for Life and Exploring plan for success in serving all youth.

Thank You

Learning for Life appreciates you taking time to become familiar with Exploring. We feel that an informed parent is a strong ally in delivering the Exploring program. Help us keep the unit program in accord with Exploring principles. Please do your fair share to support a quality program.

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

☐ Checking this box indicates you DO NOT want your child to use a BB device.



NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any:

☐ None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: _____

Name: _____

Phone: _____

Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____

Name: _____

Phone: _____

Phone: _____



Prepared. For Life.®

Part B1: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Phone: _____

Unit leader: _____ Unit leader's mobile #: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (anginal)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma/reactive airway disease	Last attack date: _____
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion/TBI	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Neurological/behavioral disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures or epilepsy	Last seizure date: _____
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Skin issues	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date: _____
		List any other medical conditions not covered above	



Part B2: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

DO YOU USE AN EPINEPHRINE
AUTOINJECTOR? Exp. date (if yes) _____ ☐ YES ☐ NODO YOU USE AN ASTHMA RESCUE
INHALER? Exp. date (if yes) _____ ☐ YES ☐ NO

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication	
<input type="checkbox"/>	<input type="checkbox"/>	Food	

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

☐ Check here if no medications are routinely taken. ☐ If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

☐ YES ☐ NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

 _____ / _____
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)


Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., Hib)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exemption to immunizations (form required)	

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX.

Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____



Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____



You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient. You can also visit www.scouting.org/health-and-safety/ahmr to view this information online.

Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate			

Yes	No	Allergies or Reactions	Explain
		Medication	
		Food	

Yes	No	Allergies or Reactions	Explain
		Plants	
		Insect bites/stings	

Height (inches)	Weight (lbs.)	BMI	Blood Pressure	Pulse
			/	

	Normal	Abnormal	Explain Abnormalities
Eyes			
Ears/nose/throat			
Lungs			
Heart			
Abdomen			
Genitalia/hernia			
Musculoskeletal			
Neurological			
Skin issues			
Other			

Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

True	False	Explain
		Meets height/weight requirements.
		Has no uncontrolled heart disease, lung disease, or hypertension.
		Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
		Has no uncontrolled psychiatric disorders.
		Has had no seizures in the last year.
		Does not have poorly controlled diabetes.
		If planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's signature: _____ Date: _____

Examiner's printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295



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TEN MILE RIVER SCOUT CAMPS

GREATER NEW YORK COUNCILS

www.tenmileriver.org

Individualized Medication Orders STANDARD OVER-THE-COUNTER/PRN MEDICATIONS

CAMPER NAME: _____ UNIT: _____ CAMP: _____

CAMPER WEIGHT: _____ lbs. DATE OF BIRTH: ____/____/____

HEALTHCARE PROVIDER NAME: _____ LICENSE #: _____

ADDRESS: _____

HEALTHCARE PROVIDER SIGNATURE: _____ DATE: ____/____/____

I recognize that this is a two-page document

HEALTHCARE PROVIDER STAMP:

By order of the NYS Department of Health, this form is required for all campers under 18 years of age, and must be accompanied by a completed Annual BSA Health and Medical Record Form.

The following medications are available in the camp Health Lodge and will be administered at the discretion of the camp Medical Officer, if **approval** is ordered by the Healthcare Provider below.

Do not send these medications to camp; they are at the Health Lodge

DRUG NAME	ROUTE <i>circle preferred formulation</i>	DOSAGE	SCHEDULE	PROVIDER ORDER <i>check one</i>	COMMENTS
BENADRYL (25 to 50 mg)	PO (elixir, chewable tabs, pills)	Per label instructions by age/weight	Q 6 hr prn for allergic reaction (hives, insect bite)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
CEPACOL	PO (lozenges)	Per label instructions by age/weight	Q 2 hr for sore throat (no > 4 doses in 24 hr and no fever)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
CHILDREN'S DIMETAPP COLD & ALLERGY	PO (elixir, tabs)	Per label instructions by age/weight	Q 6-8 hr prn for nasal congestion/drainage	<input type="checkbox"/> YES <input type="checkbox"/> NO	
IBUPROFEN (200 to 400 mg)	PO (chewable tabs, suspension, tabs)	Per label instructions by age/weight	Q 6 hr prn for pain or fever > _____ °F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
MYLANTA	PO (chewable tabs)	Per label instructions by age/weight	TID prn for stomach upset	<input type="checkbox"/> YES <input type="checkbox"/> NO	
CHILDREN'S PEPTO BISMOL	PO (liquid, chewable tabs)	Per label instructions by age/weight	TID prn for stomach upset (no > 4 doses in 24 hr)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ROBITUSSIN	PO (syrup)	Per label instructions by age/weight	Q 4 hr prn for cough	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Individualized Medication Orders
STANDARD OVER-THE-COUNTER/PRN MEDICATIONS

CAMPER NAME: _____ UNIT: _____ CAMP: _____

DRUG NAME	ROUTE <i>circle preferred formulation</i>	DOSAGE	SCHEDULE	PROVIDER ORDER <i>check one</i>	COMMENTS
TYLENOL	PO (chewable tabs, elixir, tabs)	Per label instructions by age/weight	Q 4 hr prn for pain or fever > _____ °F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
CALADRYL	Topical	Per label instructions by age/weight	as directed for itches, bites, skin irritations, rashes	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BACITRACIN OINTMENT	Topical	Per label instructions by age/weight	as directed for minor cuts and abrasions	<input type="checkbox"/> YES <input type="checkbox"/> NO	
TINACTIN (or equivalent)	Topical (liquid, powder)	Per label instructions by age/weight	as directed for athlete's foot, jock itch, fungal rash	<input type="checkbox"/> YES <input type="checkbox"/> NO	

The medications above are the **only medications** that are available in the camp Health Lodge. If additional over-the-counter medications are required, the camper's parent/guardian must make arrangements to procure and send these medications to camp with the camper's unit leader. The Healthcare Provider should list any such medications below.

SELF-PROVIDED OVER-THE-COUNTER/PRN MEDICATIONS

please strike out this section if not needed

				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

Dear Parent:

I am writing to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis, and a new law in New York State. On July 22, 2003, the New York State Public Health Law (NYS PHL) was amended to include §2167 requiring overnight children's camps to distribute information about meningococcal disease and vaccination to the parents or guardians of all campers who attend camp for 7 or more nights. This law became effective on August 15, 2003.

Ten Mile River Scout Camps are required to maintain a record of the following for each camper:

- A response to receipt of meningococcal meningitis disease and vaccine information signed by the camper's parent or guardian; AND
- Information on the availability and cost of meningococcal meningitis vaccine (Menomune™); AND EITHER
- A record of meningococcal meningitis immunization within the past 10 years; OR
- An acknowledgement of meningococcal meningitis disease risks and refusal of meningococcal meningitis immunization signed by the camper's parent or guardian.

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

Cases of meningitis among teens and young adults 15 to 24 years of age have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 300 lives.

A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States — types A, C, Y and W-135. These types account for nearly two thirds of meningitis cases among teens and young adults.

Information about the availability and cost of the vaccine can be obtained from your health care provider and by visiting the manufacturer's website at www.meningitisvaccine.com. Ten Mile River Scout Camps *do not offer MENINGOCOCCAL IMMUNIZATION SERVICES*.

For all Scouts attending camp for more than one week, **Please complete the Meningococcal Vaccination Response Form on the reverse side. This form should remain attached to your child's medical form and be brought to the camp.**

To learn more about meningitis and the vaccine, please feel free to contact Camping Services at 212-651-2955, visit tenmileriver.org and/or consult your child's physician. You can also find information about the disease at the New York State Department of Health website: WWW.HEALTH.STATE.NY.US, and the website of the Center for Disease Control and Prevention (CDC): WWW.CDC.GOV/NCIDOD/DBMD/DISEASEINFO.

MENINGOCOCCAL MENINGITIS VACCINATION

RESPONSE FORM

New York State Public Health Law requires the operator of an overnight children's camp to maintain a completed response form for every camper who attends camp for seven (7) or more nights.

Check one box and sign below.

☐ My child has had the meningococcal meningitis immunization (Menomune™) within the past 10 years. Date received: _____

[Note: The vaccine's protection lasts for approximately 3 to 5 years. Revaccination may be considered within 3-5 years.]

☐ I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will **not** obtain immunization against meningococcal meningitis disease.

Signed: _____ Date: _____
(Parent / Guardian)

Camper's Name: _____ Date of Birth : _____

Mailing Address: _____

Parent/Guardian's E-mail address (optional): _____

ATTENTION: PLEASE BE SURE TO INCLUDE MMR VACCINE DATE ON PART B2 of the MEDICAL FORM

Sullivan County Public Health Order No. 1, 2021

Issued by the Sullivan County Legislature on May 6, 2021

requires all Camp Owners/Operators in Sullivan County, NY to be in compliance with the Order and to have documentation available upon demand to show proof of immunity to measles for ALL campers and camp staff.

Proof of immunity to measles or proof of MMR vaccination can be obtained through your local health care provider's office prior to arrival at camp.

Written documentation from a health care provider of one or more doses of a measles containing vaccine (MMR) or:

- a) Laboratory evidence of immunity;
- b) Laboratory confirmation of measles;
- c) Birth before 1957

