Jackson Township Police
Explorer Post #168
732-928-1111 x 5248
www.JacksonPoliceExplorers.com

Drug and Alcohol Screening Consent Form

I, _____, do hereby authorize the Advisor or his/her designee of the Jackson Township Police Explorer Post #168, to administer drug and alcohol screening tests to me as set forth in the Drug and Alcohol Screening Policy of the Post.

I understand that refusal to participate in the Drug and Alcohol Screening process will be grounds for immediate dismissal from the applicant process and/or the Post. Any positive indicators from such screenings shall result in the immediate dismissal from the applicant process and/or the Post and the results of such screenings will be released to my parents and/or guardian (if under the age of 18).

_____ _____
Explorer Signature Date

_____ _____
Parent/Guardian Signature Date
(For Explorer's under 18 years of age)