

OKALOOSA COUNTY SHERIFF'S OFFICE

EXPLORER POST #543

50 2nd Street
SHALIMAR, FL 32579
(850) 259-0096

EXPLORER/Jr. Cadet MEMBERSHIP APPLICATION

You must complete the attached forms to be considered for the position of Explorer/Jr. Cadet with the Okaloosa County Sheriffs Office. Application must be typewritten or printed legibly in black or blue ink. All questions must be answered. If the space provided is not sufficient please use a separate piece of paper and be sure to notate the number that corresponds with the answer. Answer all forms completely to avoid delay in the processing of your application. The information you supply in this application will help us decide if you have the qualifications to become an Explorer/Jr. Cadet. The first section is your personal profile. Be truthful in giving us information about yourself, and remember that we will be contacting your references and checking on your background. The next section of the application is where you demonstrate your writing skills. The last section contains your medical and firearms waivers; which a parent or guardian must sign before participating in any Explorer/Jr. Cadet function.

Membership Requirements:

- Young adults between the ages of 11 and 20
11 -13 yoa are considered Jr. Cadets
14 – 20 yoa are Explorers
- Maintain at least a “C” grade point average
-
- Have parental approval
-
- Be of good health
-
- Be of good moral habits
-
- Submit completed application with a \$25.00 Non-refundable processing fee.
(Effective August 1, 2013)

Each applicant must pass a selection process, which will include an interview and a background investigation to include a criminal check.

To Maintain Membership:

1. Members must attend 80% of all Explorer meetings.
2. Members must attend 80% of all Explorer functions (this does not include delegate trips)
3. Members must have dues current (\$10.00 a month for the post and 2 cans of non-perishable food per month to be given to a local food bank)
4. Members must abide by all rules and regulations governing Explorer Post #543.

Explorer Post #543 Meeting Information

**Where: Okaloosa County Sheriff's Office – Shalimar Admin – Training Room
50 2nd Street
Shalimar, Florida 32579**

When: Every Monday (Except Holidays)

Time: 6:00 p.m. to 8:00 p.m.

For more information contact Deputy Thomas Henry at (850)259-0096

Program Objectives:

The intent of Law Enforcement Exploring is to educate and involve youth in Law Enforcement operation, to interest them in Law Enforcement functions whether they enter Law Enforcement or not. Through involvement, the Law Enforcement Explorer program establishes an awareness of complexities of Law Enforcement service.

The presence of a Law Enforcement Explorer Post within any agency can be a positive factor in influencing departmental attitudes, both internally and externally. Post members are given opportunities to see firsthand the efforts of commissioned personnel. Later, they share their observations with their peer group. Because Explorers are in the impressionable years of young adulthood, it is here that the basic tenets of civic responsibility can be instilled. Additionally, commissioned personnel normally exposed to youth involved with criminal offenses can observe and experience the positive side of our communities' youth. Exploring provides the Law Enforcement community an opportunity to further an investment in its own future through relationships with fit and capable young adults.

About the Law Enforcement Explorer Program:

Exploring can further each member's education, encourage participation in a rewarding and productive service activity, and enhance preparation for future roles as citizens and community members.

Several approaches are used to achieve the objectives of Law Enforcement Exploring. One of which is a weekly meeting where representatives of various Law Enforcement agencies (local, county, state and federal) introduce Explorers to diverse aspects of Law Enforcement.

Secondly, Explorers have the opportunity to participate in Law Enforcement efforts in several areas, including (but not limited to) crime prevention, record keeping, radio communications, first aid training, as well as search and rescue procedures.

Thirdly, Explorers can observe firsthand the field activities of Law Enforcement by participating in the ride-along program. Clear guidelines, designed to maintain the effectiveness of the field officer while providing for the safety of the Explorer, have been established by the Explorer program directors.

All activities are performed under the supervision of department members and demonstrate that Exploring can have more than superficial role in Law Enforcement.

Purpose of Law Enforcement Exploring:

The purpose of Law Enforcement Exploring is to provide young adults with an effective program design to build positive character traits develop personal and mental fitness as well as promote active citizenship.

The first goal of Exploring is to give youth an opportunity to pursue career interests with adults who can guide them to experiences they might not otherwise get in the traditional educational setting, with hands-on experiences with people who work in the field or have knowledge of it. This goal shows the difference between reading about sailing and going sailing, discussing Law Enforcement and participating in Law Enforcement.

The second goal of Exploring is to have youth appreciate more fully the meaning of working toward wholeness, seeing the interconnection of all aspects of their world, and understanding how this interconnection affects all their activities, whether they are of a career or other special interest. That's why an Explorer Post organizes a program of activities around the six experience areas of: career, social, service, leadership, fitness, and outdoors. This kind of program helps us to understand more fully the meaning and benefits of maintaining balance in our lives; showing responsibility toward others and our community; and being fit mentally, emotionally and physically.

APPLICATION FOR MEMBERSHIP

In order to become a member of Explorer Post #543 the following criteria must be met:
Complete and return the following attached forms:

- _____ **1. Explorer Post #543 Application**
- _____ **2. Liability Release Forms**
- _____ **3. Personal Health & Medical Release Forms**
- _____ **4. Interest Survey Form**
- _____ **5. Include the required \$25.00 registration fee (non-refundable)**
- _____ **6. Attend three (3) consecutive post meetings and**
- _____ **7. Complete a screening board of peers and Advisor**

Photocopies of the following items must be included with your application.

- _____ **1. A copy of your most current report card or grades.**
- _____ **2. A copy of your Driver License**
- _____ **3. A copy of your Social Security card.**
- _____ **4. A copy of any awards or training certificates you have received.(Optional)**

To maintain your membership in good standing you must attend 80% of all Explorer functions and meetings, dues must be up to date (\$10.00 a month and 2 can goods per month), members must abide by all rules and regulations governing Explorer Post #543. Explorer Post 543 is sponsored by the Okaloosa County Sheriff's Office; they are chartered by the Boy Scouts of America and are a member of the Florida Sheriff's Explorer Association. The purpose of the post is to expose young people to the Law Enforcement community in a positive way. This is done by a combination of training, limited exposure in the field and by interfacing with certified Law Enforcement Officers.

For those young adults who are interested in a career in Law Enforcement, there are several scholarship programs available to qualified applicants.

Accident insurance for Explorer activities is provided through the Boy Scouts of America. The cost of the insurance is paid through registration fees. Although the Post is sponsored by the Sheriff's Office, their activities are not funded by the Sheriff's Office. We strive to teach young adults responsibility by having them earn the funds necessary to support their activities through fund-raising events. The amount of expenses that Post 543 will pay varies according to participation and the funds available in their treasury.

Class A and B uniforms are initially provided at no cost to the Explorers by the Okaloosa County Sheriff's Office, however, replacement of lost or missing items must be absorbed by the individual they were released to. Class C uniform shirts (2 =1 black and 1 fluorescent) are provided. If any other shirts are desired they can be purchased for \$10.00. (Some events and activities can require multiple days to wear these types of shirts, so more are suggested.)

Personnel File

Applicant's Name: _____

DATE

Application completed and returned
(All signatures notarized) _____/_____/_____

Entrance Board Given _____/_____/_____

Application Process Fee Paid (\$25.00) _____/_____/_____

Membership Dues Paid (\$10.00 - Upon being voted in) _____/_____/_____

Class C Shirts Issued (Black and Fluorescent) _____/_____/_____

Class B Uniform Issued (After Probationary Term) _____/_____/_____

Class A Uniform Issued (After Probationary Term) _____/_____/_____

Jr. Cadet T-shirt Issued _____/_____/_____

Jr. Cadet or Explorer (Circle One)

MEMBERS OF ENTRANCE BOARD:

Advisor: _____

Staff Officer: _____

Explorers: _____

Senior Advisor Signature: _____

******* FOR OFFICE USE ONLY*******
DO NOT COMPLETE THIS SHEET

PERSONAL INFORMATION

NAME: _____
 LAST FIRST MIDDLE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Home Phone Number: _____ Cell Phone: _____

EMAIL: _____

BACKGROUND INFORMATION

Date of Birth: _____ City/ST: _____

Age: _____ Sex: _____ Height: _____ Weight: _____

Eyes: _____ Hair: _____

Social Security Number: _____

Current grade: _____ GPA: _____

Current School: _____

Schools attended – (List most current first)

1. _____

2. _____

3. _____

4. _____

Father's Name/Legal Guardian: _____ Phone # _____

Mother's Name/Legal Guardian: _____ Phone # _____

Have you ever been suspended or expelled from any school? _____ If yes give date, reason and name of school. _____

Have you ever been arrested, charged or received a notice or summons to appear, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? _____

Have you ever received a ticket or been charged with a traffic violation? _____

Do you have a driver's license? _____ If yes give state, driver's license number and date of expiration. _____

Have you ever been arrested, detained or questioned by law enforcement, this is to include any traffic violations. _____

If yes explain _____

Have you ever been fingerprinted for any reason? _____ If yes, explain _____

How did you hear about the program? _____

WORK HISTORY

Are you currently employed? _____ Where? _____
Current days off? _____ Supervisor? _____
Phone #: _____

Have you ever held a job other than listed above? List the place, supervisors name and reason for leaving. _____

Have you ever been a member of a volunteer program? (i.e. ROTC, Boy Scouts) List the name of program and the person in charge of the program. _____

THE FOLLOWING SIGNATURES MUST BE NOTARIZED

I, _____ hereby certify that all the information given by me in this application is true. I further state that I understand that any fraudulent information provided by me in connection with the admission to this post shall be grounds for immediate expulsion from the post.

I, _____ do hereby give my child, _____, permission to join the Okaloosa County Sheriff's Office Explorer Program. I further understand that he/she must go before a screening board of his/her peers prior to being accepted into the program. I understand that the decision of the screening board is final.

Applicant's Signature: _____

Applicant Name Printed: _____

Parent's/Guardian's Signature: _____

Name Printed: _____

Date: _____

Notary Public Information

Signature/Date

Personally known/Oath

EMERGENCY CONTACT

Please list the contact information for two persons (not a parent or guardian) that we may contact in the case of an emergency where we cannot get in touch with a parent or guardian. Name, Address, Phone, Relationship:

1. _____
2. _____

OKALOOSA COUNTY EXPLORER POST 543 PERSONAL HEALTH AND MEDICAL SUMMARY

To be completed by parent/guardian about applicant
Please Print Neatly

Name: _____ Date of Birth: _____
Home Address: _____ City: _____ Zip _____
Telephone #: _____ 2nd Telephone #: _____
Name of Parent/Guardian: _____
Business Name: _____ Telephone#: _____
Business Address: _____ City _____ Zip _____

Name of Physician: _____ Telephone# _____

Personal Health/Accident Insurance Carrier _____
Telephone _____ Policy# _____

Current Medications with Dosage and times of dosage:

Family Medical History	Self	Family Member(Whom)
High Blood Pressure	Y N	
Diabetes	Y N	
Heart Conditions	Y N	
Bleeding Disorder	Y N	
Thyroid Disorder	Y N	
Asthma	Y N	
Hearing Problem	Y N	
Vision Problems	Y N	
Epilepsy/Siezuers	Y N	

Headaches _____ Y N _____
Leukemia/Cancer _____ Y N _____

Allergies: **Food** _____ **Plants** _____
Insects _____ **Medications** _____

Authorization for Medical Treatment
EXPLORER POST 543 OKALOOSA COUNTY SHERIFF'S OFFICE
MEDICAL WAIVER

In case of emergency while my son/daughter/ward, _____
is with the Okaloosa County Sheriff's Office Explorer Post 543, permission is
hereby granted to any Sheriff's Deputy or to the post advisor to seek necessary medical
aid or hospitalization until such time as we can be contacted.

Please list any medical condition you feel we may need to be aware of:

Date: _____
Parent/Guardian

STATE OF FLORIDA
COUNTY OF OKALOOSA

Before me, an officer duly authorized to administer oaths in the county and state above,
personally appeared _____, known to me to be the person described
above, who swore that he or she executed this document of their own free will.

THIS _____ DAY OF _____, 20_____

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXPIRES _____

Personally Known __ OR Produced Identification __ Type of Identification _____

DRIVER HISTORY

1. Do you currently possess a valid driver's license or learner's permit? _____
State: _____ Number: _____ Expires: _____

2. Do you currently own a vehicle? _____ Drive Parents on a full time basis? _____
Type of vehicle, Tag number and State. _____
Are you insured? _____

3. Have you ever been stopped while operating a motor vehicle for any traffic offense?
_____ Explain: _____

4. Have you ever been involved in a traffic crash, in which you were driving? _____
Explain: _____

5. Have you ever operated a motor vehicle while not licensed? _____

6. Have your driving privileges ever been suspended/revoked? _____

GENERAL

1. Is anyone in your family currently employed by the Okaloosa County Sheriff's Office or any other Law Enforcement Agency? _____ If yes, who/where _____

2. Approximately how many hours per month could you donate to the Explorer Post?

3. Would you be able to make all meetings on time and in uniform? _____ If no, explain _____

4. Do you want to be a Law Enforcement Officer? _____

5. Have you ever or do you currently use any tobacco products? _____ Explain _____

6. Have you ever or do you currently drink alcoholic beverages? _____ Explain _____

7. Have you ever or do you currently use illegal narcotics? _____ Please list all substances you have ever used as well as the last time you used the substance. _____

8. Have you ever or do you currently sell any illegal narcotics. _____ Please list all substances and the last time you sold it. _____

9. Have you ever used a prescription drug that wasn't prescribed to you? _____ List all prescriptions and the last time used. _____

10. Do you have any prior training in law enforcement or the judicial system? _____

11. Do you have any medical condition that would prevent you from participating in any events or training? Please list all and what accommodations would be required. _____

12. Are you currently taking any prescribed medication that you would need during an explorer event or meeting? Please list medication. _____

13. Do you have any problems taking orders or following commands issued by someone younger or of the opposite sex, race, religious background or a family member? _____ Explain _____

14. Is there any reason at all that you feel you wouldn't be right for the Sheriff's Office Explorer program? _____

15. Do you currently speak or read fluently any other languages? _____

REFERENCES

Provide the following contact information for four (4) people that we may contact as references. Two (2) adult contacts that are not family members. Two (2) contacts from your age group. Remember to tell the contacts that we may call. Also list the best time to contact them.

Name: _____ Phone Number: _____
Address: _____
Where do you know this person from? _____
How long have you known this person? _____ Best time to contact. _____

Name: _____ Phone Number: _____
Address: _____
Where do you know this person from? _____
How long have you known this person? _____ Best time to contact. _____

Name: _____ Phone Number: _____
Address: _____
Where do you know this person from? _____
How long have you known this person? _____ Best time to contact. _____

Name: _____ Phone Number: _____
Address: _____
Where do you know this person from? _____
How long have you known this person? _____ Best time to contact. _____

EXPLORER POST 543 OKALOOSA COUNTY SHERIFF'S OFFICE
TERMINATION POLICY

I UNDERSTAND THAT I MAY BE TERMINATED FROM THE OKALOOSA COUNTY SHERIFFS' EXPLORER POST AT ANY TIME FOR VIOLATION OF THE FOLLOWING:

1. DRESS CODES.
2. LACK OF MEETING ATTENDANCE.
3. CONDUCT UNBECOMING AN EXPLORER AS DEFINED IN THE OKALOOSA COUNTY SHERIFFS EXPLORER MANUAL.
4. ACTING OR BEHAVING PRIVATELY OR OFFICIALLY IN SUCH A MANNER AS TO BRING DISCREDIT UPON HIMSELF/HERSELF AND THE AGENCY.
5. WILLFUL VIOLATION OF ANY FEDERAL STATUTE, STATE LAW, OR LOCAL ORDINANCE.
6. UNAUTHORIZED ENTRANCE INTO RESTRICTED AREA OF THE SHERIFF'S OFFICE.
7. DISOBEYING ORDERS OF SENIOR OFFICERS OR OF SHERIFFS DEPUTIES.
8. VIOLATION OF AGENCY ORDERS, RULES AND REGULATIONS.
9. INDIFFERENCE TO TRAINING, DISCIPLINARY REASONS OR REASONS INVOLVING UNDESIRABLE CHARACTER TRAITS.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE INFORMATION RELATING TO TERMINATION

Signature

Date

EXPLORER POST 543 OKALOOSA COUNTY SHERIFF'S OFFICE
FIREARMS WAIVER & CO2 TRAINING

Part of the training and activities the Explorers participate in is marksmanship training and competition. This activity is optional, not mandatory. Marksmanship training is only conducted and supervised by state certified firearms instructors in strict accordance with the guidance's established by the Boy Scouts of America and the National Rifle Association. Explorers will be firing police revolvers or semi-automatic handguns, using .22 caliber/.38 caliber/ 9mm ammunition and/or a CO2 air gun pistol.

If you wish your child to participate in this program, the RELEASE OF LIABILITY/PERMISSION form must be signed and notarized. No Explorer will be permitted to participate until this form is signed and returned.

I, _____ the undersigned parent/legal guardian of Explorer _____ hereby gives permission for the above named to be trained in the operation and use of firearms while under the supervision of a Deputy Sheriff.

_____ Date: _____
Parent/Guardian Signature

Print Name

NOTARY PUBLIC INFORMATION

STATE OF FLORIDA
COUNTY OF OKALOOSA

Before me, an officer duly authorized to administer oaths in the county and state above, personally appeared _____, known to me to be the person described above, who swore that he or she executed this document of their own free will.

THIS _____ DAY OF _____, 20 _____

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXPIRES _____
Personally Known ___ OR Produced Identification ___ Type of Identification _____

**EXPLORER AGREEMENT FOR RETURN
OF OCSO UNIFORMS**

This agreement, made and entered into by and between, _____
(Explorer's Name) and _____(Explorer's parent/legal guardian) and Larry Ashley (or his designee), Sheriff of Okaloosa County, a constitutional officer of the State of Florida.

Explorer Member Swears or Affirms:

1. The Explorer and parent/legal guardian understand that the uniforms and/or equipment provided by the Okaloosa County Sheriff's Office for participation in Explorer's program are owned and are the property of the Okaloosa County Sheriff's Office.
2. The Explorer and parent/legal guardian understand that once the Explorer either leaves the program willingly or is dismissed for any other reason, the Explorer will return any and all equipment and uniforms back to the Explorer leader at the Okaloosa County Sheriff's Office within seven (7) days of the end of their participation in the Explorer program.
3. The Explorer and parent/legal guardian, by signing this agreement, will allow the Sheriff's office to pursue any/all legal action required (after notice to the Explorer) if the equipment and/or uniforms are not returned back to the Okaloosa County Sheriff's Office with thirty (30) days after the end of the Explorer's participation in the program. If the Explorer and parent/legal guardian does not return the uniforms and/or equipment after this time, the Sheriff shall have the option of instituting a civil action against the Explorer and parent/legal guardian to recover any costs associated with the loss of the uniforms and/or equipment to include court costs and reasonable attorney's fees.

Explorer Name/ID #

Date

Parent/Legal Guardian

Date

PERMISSION TO ALLOW TAKING OF PICTURES OR VIDEOS

I, _____, allow the Okaloosa County Sheriff's Office, Explorer Post #543, the Florida Sheriff's Explorer Association and the Florida Sheriff's Association to take pictures and videos of my child, _____ . They may only use the pictures and videos as a promotion for the Explorer Post, the Florida Sheriff's Explorer Association and the Florida Sheriff's Association.

Parent/Guardian

Date

NOTARY PUBLIC INFORMATION

Signature

Date

Personally Known/Oath

EXPLORER POST 543 OKALOOSA COUNTY SHERIFF'S OFFICE
ASSUMPTION OF RISK AND WAIVER OF LIABILITY
(LIVE FIRE)

I, (PRINT NAME) _____, HEREBY KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK AND LIABILITY FOR ANY AND ALL INJURY INFLICTED UPON MYSELF, OR BY ME UPON OTHERS, IN ANY LIVE FIRE TRAINING SITUATION AND/OR FIREARMS FAMILIARIZATION, CONDUCTED BY EXPLORER POST 543. I RECOGNIZE THE DANGERS AND HAZARDS OF LIVE FIRE TRAINING SITUATIONS AND/OR FIREARM FAMILIARIZATION. FIREARMS AND LIVE AMMUNITION WILL BE UTILIZED IN A SAFE SUPERVISED TRAINING LOCATION. ALL WEAPONS/FIREARMS RELATED ACTIVITIES WOULD BE SUPERVISED BY QUALIFIED ADULT SUPERVISORS/INSTRUCTORS.

I HEREBY KNOWINGLY AND VOLUNTARILY RELEASE THE OKALOOSA COUNTY SHERIFF, HIS OFFICERS AND EMPLOYEES, INCLUDING THE EXPLORER ADVISORS OF POST 543, AS WELL AS THE OWNERS, INDIVIDUAL OR CORPORATE, OF ANY REAL PROPERTY USED BY POST 543 FOR SAID FIREARMS FAMILIARIZATION FROM ANY AND ALL LIABILITY OF ANY TYPE AND FOR ANY REASON WHATSOEVER, FOR ANY INJURY TO MY PERSON, WHETHER CAUSED BY MYSELF OR ANY OTHER PERSON, THING, OR ANIMAL, WHILE PARTICIPATING IN SAID LIVE FIRE TRAINING.

SIGNATURE

WITNESS

NOTE: IF UNDER 18, PARENT/GUARDIAN MUST SIGN ALSO BELOW, BEFORE A NOTARY PUBLIC.

I, (PRINT) _____, HERBY CERTIFY THAT I AM THE PARENT/GUARDIAN OF THE ABOVE NAMED MINOR, THAT I HAVE READ AND UNDERSTAND THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY FORM, THAT I AGREE TO THE STIPULATIONS CONTAINED HEREIN, AND THAT I GIVE PERMISSION OF MY CHILD/WARD TO PARTICIPATE IN SAID ACTIVITY UNDER THOSE CONDITIONS.

SIGNATURE

STATE OF FLORIDA
COUNTY OF OKALOOSA

Before me, an officer duly authorized to administer oaths in the county and state above, personally appeared _____, known to me to be the person described above, who swore that he or she executed this document of their own free will.

THIS _____ DAY OF _____ 20_____

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXPIRES _____

Personally Known ___ OR Produced Identification ___ Type of Identification Produced _____

EXPLORER POST 543 OKALOOSA COUNTY SHERIFF'S OFFICE
ASSUMPTION OF RISK AND WAIVER OF LIABILITY
(SIMULATED COMBAT)

I, (print name) _____, hereby knowingly and voluntarily assume all risk and liability for any and all injury inflicted upon myself, or by me upon others, in any combat training simulation known as paintball, conducted by Explorer Post 543. I recognize the dangers and hazards of simulated combat in unimproved field conditions, using weapons powered by compressed gas and shooting projectiles filled with marking paint.

I hereby knowingly and voluntarily release the Okaloosa County Sheriff, his officers and employees, including the Explorer Advisors of Post 543, as well as the owners, individual or corporate, of any real property used by Post 543 for said simulations, from any and all liability of any type and for any reason whatsoever, for any injury to my person, whether caused by myself or any other person, thing, or animal, while participating in said simulated combat.

Signature

Witness

NOTE: If under 18, parent or guardian must sign also below, before a Notary Public

I, (print) _____, hereby certify that I am the parent or legal guardian of the above named minor, that I have read and understand this ASSUMPTION OF RISK AND WAIVER OF LIABILITY form, that I agree to the stipulations contained herein, and that I give permission for my child/ward to participate in said activity under those conditions.

Signature

STATE OF FLORIDA
COUNTY OF OKALOOSA

Before me, an officer duly authorized to administer oaths in the county and state above, personally appeared _____, known to me to be the person described above, who swore that he or she executed this document of their own free will.

THIS _____ DAY OF _____ 20 _____

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXPIRES _____

Personally Known ___ OR Produced Identification ___ Type of Identification Produced _____

Background checked by : _____

**Okaloosa County Sheriff's Office
Background Investigation Release**

Explorer/Jr. Cadet CONTACT INFORMATION

Name: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____

Work Phone: _____

BACKGROUND INFORMATION

All applicants will be subject to a criminal history background check. The following information is necessary for that process.

Date of Birth: _____ Place of Birth _____

Driver's License #: _____

State: _____ Exp: _____

Height: _____ Weight: _____ Hair Color: _____

Eye Color: _____ Sex: ___ M ___ F

Social Security Number _____ - _____ - _____ Race: ___ White ___ Black

___ Asian/Oriental ___ Other _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____

Work Phone: _____

Name: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____

Work Phone: _____

APPLICANT'S CERTIFICATION

I understand that my Explorer status will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal as an Explorer. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I understand that I may be fingerprinted. I also understand that this Explorer application shall become property of the Sheriff's Office and that it and the information received in response to the background examination are public records and are subject to parental review. I understand that the use of drugs or alcohol is not permitted while volunteering. I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for volunteering with the Sheriff's Office and I release all such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office. I agree to conform to the rules, regulations and orders of the Sheriff's Office and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added by the Sheriff's Office, at its discretion, at any time and with any prior notice to me. I understand that an investigation will be conducted on all of the information listed on this application.

Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates) which might tend to reflect unfavorably on your reputation, morals, character, or ability? ___ No ___ Yes- If yes, provide your version or explain fully any such incident.

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed): _____

Signature: _____

Date: _____