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:** _________________________________

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<tr>
<th>Event</th>
<th>Date</th>
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<tr>
<td>Application completed and returned</td>
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<td>(All signatures notarized)</td>
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<tr>
<td>Entrance Board Given</td>
<td><em><strong>/</strong></em>/___</td>
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<tr>
<td>Application Process Fee Paid ($25.00)</td>
<td><em><strong>/</strong></em>/___</td>
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<tr>
<td>Membership Dues Paid ($10.00 - Upon being voted in)</td>
<td><em><strong>/</strong></em>/___</td>
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<tr>
<td>Class C Shirts Issued (Black and Fluorescent)</td>
<td><em><strong>/</strong></em>/___</td>
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<tr>
<td>Class B Uniform Issued (After Probationary Term)</td>
<td><em><strong>/</strong></em>/___</td>
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<tr>
<td>Class A Uniform Issued (After Probationary Term)</td>
<td><em><strong>/</strong></em>/___</td>
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<tr>
<td>Jr. Cadet T-shirt Issued</td>
<td><em><strong>/</strong></em>/___</td>
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**MEMBERS OF ENTRANCE BOARD:**

- **Advisor:** __________________________________________________________
- **Staff Officer:** ____________________________________________________
- **Explorers:** ______________________________________________________
  - _________________________________________________________________
  - _________________________________________________________________
  - _________________________________________________________________
  - _________________________________________________________________
  - _________________________________________________________________
  - _________________________________________________________________

**Senior Advisor Signature:** ___________________________________________

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*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/Siezures  Y  N ______________________________
<table>
<thead>
<tr>
<th>Condition</th>
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<td>Headaches</td>
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<td>Leukemia/Cancer</td>
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<td><strong>Allergies:</strong></td>
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<td>Insects</td>
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<tr>
<td>Medications</td>
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</tbody>
</table>
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 COMMISION 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. ______
ESSAY

Please complete a minimum one page first person essay. The topic of the essay needs to outline the reason you want to be a member of the Okaloosa County Sheriff’s Office Explorer program. Also include in the essay why you think you would be an asset to the program. This shall be handwritten in black or blue ink by the applicant.
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 INFLECTED 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_____________
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.

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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: ______________________________________