

# Sheriff



Eric Aden, *Okaloosa County Sheriff*

Headquarters: 50 2<sup>nd</sup> Street, Shalimar Florida 32579-1234  
Phone: (850) 651-7410, Email: Sheriff@sheriff-okaloosa.org

OKALOOSA COUNTY SHERIFF'S OFFICE EXPLORER POST #245  
50 2nd Street, Shalimar, FL 32579

## EXPLORER MEMBERSHIP APPLICATION

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security No: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hgt.: \_\_\_\_\_ Wgt: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

How long have you lived the present address: \_\_\_\_\_? Previous address: \_\_\_\_\_

Have you ever used any type of drugs other than those prescribed by a physician? \_\_\_\_\_

Have you ever consumed an alcoholic beverage? \_\_\_\_\_

Have you ever smoked or used tobacco in any form? \_\_\_\_\_

Name of school you are attending: \_\_\_\_\_ Grade: \_\_\_\_\_

List all clubs or organizations of which you have been an active member: \_\_\_\_\_

Have you ever been suspended or expelled from school? \_\_\_\_\_ If yes, why? \_\_\_\_\_



The Okaloosa County Sheriff's Office is dually accredited by the Commission for Florida Law Enforcement Accreditation and the Commission on Accreditation for Law Enforcement Agencies.

The Okaloosa County Sheriff's Office provides equal access and equal opportunity in employment and services and does not discriminate.

Have you ever been arrested? \_\_\_\_\_ If yes, why? \_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever received a traffic citation? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Do you have any special talents or skills? \_\_\_\_\_

Why do you want to be an explorer? \_\_\_\_\_

Please list all members of your immediate family:

NAME	RELATIONSHIP	ADDRESS	OCCUPATION	Date of Birth

Parent/Guardian Work Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ and / or (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Has any member of your immediate family ever been arrested? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

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Are you currently employed? \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

How long have you worked there? \_\_\_\_\_ Work phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Any disciplinary actions taken? \_\_\_\_\_

If answered yes please explain:

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May we contact your employer? \_\_\_\_\_

If No, please explain:

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Other locations of employment or volunteer work list here:

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**REFERENCES:**

List the names of three people who are not related to you, not former employers, but that you have known for a reasonable amount of time. The people you list may be asked to appraise your character, ability, experience, personality, and other qualities.

NAME	ADDRESS	OCCUPATION	PHONE NUMBER

**THE FOLLOWING SIGNATURES MUST BE NOTARZIED**

I, hereby certify all the information given by me in this application is true. I further state that I understand any fraudulent information provided by me in connection with the admission to this post shall be ground 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 my child must go before a screening board of peers prior to being accepted into the program. I understand the decision of the screen board is final.

Applicant Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Notary Public Information:

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

Personally known to me / Provided ID \_\_\_\_\_

**Class A and B uniforms are provided at no cost, however, replacement of lost or missing items must be absorbed by the individual there were released to. Class C uniforms are also provided. If any other shirts are desired, they may be purchased.**

## EXPLORER AGREEMENT FOR RETURN OF OCSO UNIFORMS

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

### Explorer Member Hereby Swears and Affirms:

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. The Explorer and parent/legal guardian understand that once the Explorer either leaves the program for any other reason, the Explorer will return any and all equipment and uniforms back to the Explorer advisors at the Okaloosa County Sheriff's Office within seven (7) days of the end of their participation in the Explorer program. 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.

\_\_\_\_\_  
Date

\_\_\_\_\_ Explorer Name/ID #

\_\_\_\_\_  
Date

\_\_\_\_\_ Parent/Legal Guardian

STATEMENT OF CONFIDENTIALITY

Florida Statutes prohibits the unauthorized disclosure of information from particular police records, including, but not limited to, juvenile cases, cases involving sexual battery and child abuse, pending Internal Affairs investigations, FCIC and NCIC information.

I understand the unauthorized disclosure of this or other protected information could lead to my dismissal from the program and/or criminal penalties.

As an Explorer for the Okaloosa County Sheriff’s Office, I understand that I will be held accountable under law for the disclosure of any information related to police matters or confidential cases. I further understand that I will not release, share, either verbally or in writing, any information obtained as a result of my participation as an Explorer unless specifically authorized in advance by an Okaloosa County Sheriff’s Office supervisor.

Explorer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Explorer Training/Travel Permission Slip

Explorer Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Contact Person in case of an emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please accept this letter as my authorization for my child to accompany Okaloosa County Sheriffs Explorer Post #245 and the Advisors of the Explorer Program to:

Event: \_\_\_\_\_

Location: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Return Date: \_\_\_\_\_ Approximate Return Time: \_\_\_\_\_

Hotel Info: \_\_\_\_\_

In the event that he/she requires medical assistance, I authorize you, your Deputies and the Advisors to obtain the medical assistance required. To assist the medical personnel in rendering aid (to my child), I hereby authorize you to advise them:

SSN: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I hereby release you, your Deputies and the Advisors of the Explorer Programs from all civil liabilities associated with this trip. I further state that under Florida Law, I have the lawful authority to grant the above name authorizations.

Signature of Parent and/or Legal Guardian: \_\_\_\_\_

## EXPLORER POST #245 Travel Rules and Guidelines

1. When traveling to/from an event (detail, Delegates Conference, training session, etc.) in an Okaloosa County Sheriff's Office vehicle, there will be no playing of offensive, degrading, profane, or defamatory music where other Explorers in the vehicle can hear it. You may utilize a personal audio device (i.e. iPod with headphones) to listen to your music.
2. When traveling to/from an event (detail, Delegates Conference, training session, etc.) in an Okaloosa County Sheriff's Office vehicle, Explorers will make every effort to consider the feelings of others. No Explorer will be left behind or made to feel like they do not belong. This will cause dissension and unrest within the Post, which is NOT ACCEPTABLE.
3. All Okaloosa County Sheriff's Office vehicles will be cleaned out (trash, dirt, etc.) prior to ending an event (detail, Delegates Conference, training session, etc.) where an Okaloosa County Sheriff's Office vehicle was utilized. All trash will be maintained while in an Okaloosa County Sheriff's Office vehicle (garbage bag, box, etc.).
4. While away on an overnight event (Delegates Conference, Fun Trip, etc.), no male Explorer will go into the room of a female Explorer, and vice versa, without the presence of an Advisor - NO EXCEPTIONS-
5. While away on an overnight event (Delegates Conference, Fun Trip, etc.), a senior Explorer or Explorer officer may be designated a room captain. All is the responsibility of that Explorer to maintain order in that room and report all violations of Explorer Policy and misconduct to an Advisor immediately.
6. While away on an overnight event (Delegates Conference, Fun Trip, etc.), a room's capacity could reach up to four (4) people. It is up to the individuals inside that room to make fair sleeping arrangements (bed/rollaway).
7. While away on an overnight event (Delegates Conference, Fun Trip, etc.), no Explorer will stray away from the group without the presence of another Explorer. Adhere to the "Buddy System at all times.
8. While on an overnight event (Delegates Conference, Fun Trip, etc.), you are not permitted to stray away from the hotel, motel, cabin, or designated lodging area. If you go somewhere other than the immediate area of your room, you must notify someone not going (who is staying behind) and an Advisor.
9. If any problem arises during an overnight event (fighting, not following rules, insubordination, etc.), the Senior Advisor has the ultimate authority to send you home at your expense. Your parent/guardian or emergency contact(s) will be notified immediately of your impending return home.
10. When a curfew is set, all Explorers will be in their room at or before the set curfew time. You are not permitted to leave your room without notifying an Advisor first. The only exception to this rule is if there is an emergency (fire, natural disaster, illness, etc.).
11. If you cause or create any damage to someone's property other than your own while on an overnight event (Delegates Conference, Fun Trip, etc.), you will be responsible for the repair or replacement of such item.
12. If an illness or injury occurs to an Explorer while on an overnight event (Delegates Conference, Fun Trip, etc.), the Senior Advisor will be notified immediately. If the injured Explorer is unable to notify the Senior Advisor, another Explorer must notify the Senior Advisor.
13. Prior to checking out of a hotel room, motel room, cabin, or designated lodging area, every Explorer will ensure that their room is put back into an acceptable condition, ensuring that none of their personal belongings are left behind and that all trash is properly disposed of.

**Deliberate violation of any of these rules could result in disciplinary action and/or termination from the Okaloosa County Sheriff's Office Explorer Program.**

Explorer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## EXPLORER POST #245

### *Parental Consent and Waiver of Liability*

In consideration of the Okaloosa County Sheriff's Office Explorer Program and its Deputies/Advisors permitting Explorer \_\_\_\_\_ to participate in any Explorer related function, to include but not limited to physical training, hands-on demonstrations, training sessions, and/or any other sanctioned event(s), I, \_\_\_\_\_, Parent/Guardian of the above named Explorer, do hereby agree to indemnify and hold harmless, to the extent permitted by Florida law, the Okaloosa County Sheriff's Office and the Sheriff of Okaloosa County, his agents, employees, designees and appointees from any and all manner of action(s), cause(s) of action(s), suits, damages, judgment and claims of any kind whatsoever, in law or in equity, by its employees for any damages or injuries sustained by or to Explorer \_\_\_\_\_ from his/her participation in physical training, hands-on demonstrations, training sessions, and/or any other sanctioned event(s) not caused by or resulting from the negligent or intentional acts of the Okaloosa County Sheriff's Office or its employees or agents.

I understand that participation in physical training, hands-on demonstrations, training sessions, and/or any other sanctioned event(s) is voluntary. I, \_\_\_\_\_, Parent/Guardian of the above named Explorer, do hereby state that he/she is in good physical condition and physically able to participate in physical training, hands-on demonstrations, training sessions, and/or any other sanctioned event(s). I further state that my child has no medical conditions that would prevent him/her from participating in this program.

Explorer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EXPLORER POST #245  
Medical History Form

Explorer's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Allergies, if any: \_\_\_\_\_

Prescribed Medications, if any: \_\_\_\_\_

Dosage: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

\_\_\_\_\_ Primary Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Group Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

{Circle one} If you answer yes, please explain.

Y/N Asthma: \_\_\_\_\_

Y/N Bleeding Disorder: \_\_\_\_\_

Y/N Diabetes: \_\_\_\_\_

Y/N Epilepsy/Seizure Disorder: \_\_\_\_\_

Y/N Broken Bones: \_\_\_\_\_

Y/N Headaches: \_\_\_\_\_

Y/N Hearing Problems: \_\_\_\_\_

Y/N Heart Conditions: \_\_\_\_\_

Y/N High Blood Pressure: \_\_\_\_\_

Y/N Thyroid Disorder: \_\_\_\_\_

Y/N Vision Problems: \_\_\_\_\_

Y/N any other medical conditions not listed:

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

Tetanus Status (Circle One) Less than 5 years / Greater than 5 years

EXPLORER POST #245  
*Emergency Notification Form*

Explorer's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_

Alternate Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_

In the event of an emergency, I, \_\_\_\_\_ Parent/Guardian of the above named Explorer, do hereby authorize the Okaloosa County Sheriff's Office and/or its members to administer medical assistance to said Explorer, if deemed necessary. The above listed contact person {s} will be contacted to notify them of the situation.

Explorer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY PUBLIC INFORMATION**

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

Signature: \_\_\_\_\_

(Circle one)  
Personally Known/Oath

EXPLORER POST #245  
*Release from Civil Liability*

In consideration of the privileges being granted to Explorer, \_\_\_\_\_  
To participate in the Explorer Program, I, \_\_\_\_\_, Parent/Guardian  
of the above named Explorer, assume all risks of personal injury or death, and property damage of loss,  
from whatever causes while the above named Explorer is using, intending to use, or has used these  
privileges, including but not limited to: Firearms Training, Simunition Training, Defensive Tactics,  
Repelling, Obstacle Courses, as well as being transported to and from any offsite locations and  
approaching, entering or using any Sheriff's Office facility.

Furthermore, I, \_\_\_\_\_ Parent/Guardian  
of the above named Explorer, indemnify and hold harmless any Deputies/Advisors of the Okaloosa  
County Sheriff's Office Explorer Program, from and against all damages, suits and claims, including  
attorney's fees that may result from the above named Explorer using these privileges.

I, \_\_\_\_\_, Parent/Guardian of the above named Explorer, further  
understand and agree that any Deputy/Advisor of the Explorer Program *may* revoke these privileges at  
any time.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY PUBLIC INFORMATION**

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

Signature: \_\_\_\_\_

(Circle one)  
Personally Known/Oath

EXPLORER POST #245  
*Firearms Authorization*

I, \_\_\_\_\_ Parent/Guardian of Explorer do hereby give permission for the above named Explorer to participate in CO2, .22, .38, 9mm, .40, .45 calibers, and/or other associated firearms training. This training is to be undertaken to train the Explorer in firearms safety (classroom) and at least six (6) hours of hands-on training at the range or simulation facility.

I do understand that at no time, other than at the range, will my child have a firearm in his/her possession. Failure to follow the rules and regulations of any range, range master, and/or safety rules could result in disciplinary action or termination from the Okaloosa County Sheriff's Office Explorer Program. All rules will be adhered to whether competing in Okaloosa County or any other location deemed necessary by the Okaloosa County Sheriff's Office Explorer Program.

Explorer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY PUBLIC INFORMATION**

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

Signature: \_\_\_\_\_

(Circle one)  
Personally Known/Oath

EXPLORER POST #245  
*Handcuff Agreement*

I, Explorer, \_\_\_\_\_, a member of the Okaloosa County Sheriff's Office Explorer Program, am authorized by the Senior Advisor of Explorer Post #245 to carry handcuffs as part of my uniform under the following conditions:

- **Must have completed and successfully passed an approved handcuff training class**
- **Must purchase handcuffs which have been approved by the Senior Advisor and which conform to the policy of the Okaloosa County Sheriff's Office**
- **Must carry at least one (1) handcuff key when carrying handcuffs on the uniform**
- **Must show a mature attitude in the handling and use of handcuffs**
- **Must understand that handcuffs are not toys and will not be used for entertainment purposes, especially at details, or other public events**
- **Must keep handcuffs clean and in good operating condition**
- **Must understand that handcuffs are a part of the uniform and therefore subject to inspection at any time**
- **Must understand that handcuffs are to be used for training, the Ride Along Program, and any other purposes deemed necessary by the Senior Advisor**

By signing this agreement, I understand that carrying and using handcuffs is a serious matter. If I violate any of the above conditions, the handcuffs will be removed from my uniform and I will be subject to disciplinary action termination from the Okaloosa County Sheriff's Office Explorer Program.

Explorer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY PUBLIC INFORMATION**

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

Signature: \_\_\_\_\_

(Circle one)  
Personally Known/Oath

EXPLORER POST #245  
*Oral Interview Appraisal Form*

The oral board should restrict itself to the appraisal of the personal qualities that may be evaluated during this short interview; these include such qualities as appearance, maturity, voice, poise, bearing and alertness. The board should not attempt to deal with character, loyalty, honesty, dependability, initiative, and ability to get along with the public or other characteristics that require longer observation. The board should try to appraise the altitude of the individual towards matters relevant to service with the Explorer Program.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Character and personality: Appearance and personal attributes; judgment, temperament  
Personal conduct: Traffic record, police contacts, arrests or incidents of misconduct, and school record  
Attitude: Towards the country as a whole; towards the objectives of the Sheriff's Office; towards law enforcement.*

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After interviewing the applicant and taking into consideration the attitude, maturity, judgment, and other factors as listed **above**, it is with my best judgment that the Individual receives the following appraisal.

Applicant is best described by the grade carded below:

**70 72 74 76 78 80 82 84 86 88 90 92 94 96 98**

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Acceptable  
NOT Acceptable

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Accepted \_\_\_\_\_

Rejected \_\_\_\_\_

Reason for rejection \_\_\_\_\_

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Signature of appraiser: \_\_\_\_\_ Date: \_\_\_\_\_

Print name of appraiser: \_\_\_\_\_ Position or Title: \_\_\_\_\_

**ENSURE YOU HAVE ASKED, has anything changed in your application since you have completed it?"**

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IF YOU HAVE ANY ADDITIONAL COMMENTS, PLEASE STATE ON THE BACK OF THIS FORM.

INTER - OFFICE MEMORANDUM

Community Services

**TO:** Teletype/ Validations

**DATE:** \_\_\_\_\_

**FROM:** D/S Cullen Coraine

**SUBJECT:** Criminal History Request

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As part of the application process for the Okaloosa County Sheriff's Office Explorer Program, a background check is required. Therefore, I am requesting a criminal history for **JUDICIAL EMPLOYMENT** on the following Individual:

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

Please forward the completed criminal history to:

*D/S Cullen Coraine*

*OSCO Explorer Advisor,*

*Explorer Post #245*

Thank you for your attention to this matter if there are any questions, please contact me at the number listed below.

Respectfully,

D/S Cullen Coraine

Advisor. Explorer Post #245

Phone: (850) 974-4963

ccoraine@sheriff-okaloosa.org



April 28, 2021

The Okaloosa County Sheriff's Office is currently self-insured for Automobile, Workers' Compensation, General and Professional Liability pursuant to Chapter 768, Florida State Statute. Please direct any concerns regarding general and professional liability to the Okaloosa County Sheriff's Legal Office.

Auto and Workers' Compensation matters should be forwarded to our third party administrator:

***Workers' Compensation***

***INSERT INSURANCE INFORMATION***

***Departmental Vehicles***

***INSERT INSURANCE INFORMATION***

All departmentally issued vehicles are covered under OCSO insurance or third party administrator. All employees and volunteers are covered under our workers' compensation or third party administrator, *provided* that the injury occurred under the employee/volunteer's scope of duties as defined by OCSO General Order 36.07.

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Doris James  
Risk Management - Liability Section

# EXPLORER POST #245

## *Uniform Issue*

Explorer's Name: \_\_\_\_\_

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

Item Description	Item #	Size	Quantity	Date Issued	Date Returned

I agree to return all above items in the best possible condition within two (2) weeks of my resignation or termination from the Okaloosa County Sheriff's Office Explorer Program. I further understand that these items are the property of the Okaloosa County Sheriff's Office and the Explorer Program. Failure to return all issued items within two (2) **weeks** of my resignation or termination **could result** in civil and/or criminal charges being filed.

Explorer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EXPLORER POST #245  
*Check Off List for New Members*

Explorer Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Application Item</b>	<b>Turned In Y/N</b>
Notarized Application	
Emergency Contact Form	
PT Waiver	
Firearms Authorization	
Letter of Recommendation	
Most Recent Report Card	
Criminal History (completed by Advisor)	
PALMS Check (completed by Advisor)	

<b>Interview Items</b>	<b>Turned In Y/N</b>
Interview Appraisal Forms	
Application Fee (\$10)	
Uniform Deposit (\$50)	