

Franklin County Sheriff's Office

Explorer Post #1053

Membership Application Packet Page 1/6

The **APPLICANT** must print and complete all sections. Incomplete illegible applications will not be accepted.

Section 1: Personal Information

Application Date: ___/___/___

Full Name: _____

(Last, First, Middle)

D.O.B: ___/___/___ Driver's License #: _____ State: _____

Must be 14.5 years old and have completed 8th grade as of date of appointment

Social Security Number: _____ (Optional)

Home Address:

Home Phone: _____ Email Address: _____

Cell Phone: _____ Facebook.com url: _____

Health Insurance Provider: _____

Policy#: _____

Physician Name: _____ Phone #: _____

Known Drug Allergies: _____

Emergency Contact: _____

(Full name, Relationship, and Telephone Number)

If Applicant is under the age of 18, complete the following:

Parent or Guardian: _____

(Last, First Middle)

Relationship: _____

Parent/Guardian Address: _____

Parent or Guardian Waiver:

I hereby permit and allow my son/daughter _____ to participate in the Franklin County Sheriff's Office Explorer Program. I hereby acknowledge and release Sheriff's Office, its Deputies and employees from any liability whatsoever during any activity my son/daughter may become involved in while attending a post meeting or function.

Parent or Guardian Signature : _____

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Section 2: Work and School Information

School Name: _____, Location: _____

Last Grade Completed/Current Grade: _____/_____

G.P.A. _____

Copy of most recent report card attached: (required except for college students) ____yes ____no

If NO, why not?_____

Employer: _____ Phone# () _____-

Employer Address: _____

Section 3: References: Must be non-relatives:

Name: _____ Relationship:_____

Home Phone # () _____-_____ Work Phone# () _____-

Name: _____ Relationship:_____

Home Phone # () _____-_____ Work Phone# () _____-

Name: _____ Relationship:_____

Home Phone # () _____-_____ Work Phone# () _____-

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Section 4: Background Questions

Drug Usage:

- YES NO 1. Have you ever used any controlled substances not prescribed to you by an authorized individual within the past 12 months?
- YES NO 2. Have you ever used illegal drugs:
- YES NO 3. Have you ever sold, offered to sell, or transport for sale, any illegal drugs, controlled substances or narcotics regardless of time frame?
- YES NO 4. Have you ever used Marijuana or its derivatives within the last 12 months:
- YES NO 5. Have you ever used any hallucinogenic drugs, such as LSD, PCP, mushrooms, etc.?:?
- YES NO 6. Have you ever used non-prescribed opiates or narcotics (heroin, morphine, oxycondone, etc.)?
- YES NO 7. Have you ever used anabolic steroids within the past 12 months:
- YES NO 8. Have you ever used cocaine or its derivatives?
- YES NO 9. Have you ever used methamphetamine/amphetamine (crystal, crank, ice, glass, ecstasy, speed, etc.)?
- YES NO 10. Have you ever consumed any alcoholic beverages without being in direct supervision and with the permission of your parent or guardian?
- YES NO 11. Have you ever used any prescription drugs that were not prescribed to you (oxycontin, Vicodin, etc.)?
- YES NO 12. Have you ever applied to be a Law Enforcement Explorer with any other agency?
If yes, which agency? _____ When? _____

Criminal:

- YES NO 13. Have you ever been convicted of a Felony?
- YES NO 14. Have you ever been convicted of a Misdemeanor?
- YES NO 15. Have you ever been arrested for anything?
- YES NO 16. Have you ever been in possession of a firearm (regardless if criminally charged or not, do not include while at a range facility under supervision or while enlisted military)?

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Traffic:

- YES NO 17. Have you ever had your driver's license suspended/revoked?
- YES NO 18. Using the following point schedule, have you accumulated more than six (6) points in the past two years? More than ten (10) points in the past five (5) years?

POINTS	VIOLATION
2 points	Standard Moving or Equipment Violation
2 points	Speeding, 1-14 mph over the speed limit
3 points	Speeding, 15-19 mph over the speed limit
4 points	Speeding, 20 + miles over the speed limit
6 points	Hit and run unattended, negligent driving, reckless driving, or DUI with no accident
8 points	Hit and run attended, reckless driving or DUI with an accident

All the information provided in this application is true and accurate to the best of my knowledge. I understand that this information will be verified and that any misstatement will result in removal from the eligibility list and/or position of Explorer.

Signature of Applicant: _____ **Date:** ____/____/____

Printed Name of Applicant: _____ **Date:** ____/____/____

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Please print and complete all sections. Incomplete or illegible application will not be accepted.

I, _____ (Parent or Guardian/Self), give my permission to have my dependent/self, _____ (full name)

Date of Birth _____

Address _____

City _____ State _____ Zip _____ Phone # _____

Treated at the most available medical facility, in the event said dependent becomes ill or injured. I further understand I am responsible for the cost of any such treatment.

As the parent/guardian or Explorer adult over 18 (self), I authorize my son/daughter/self to participate in the activities of the Franklin County Sheriff's Office Explorer Post. This authorization acknowledges certain dangers may occur, including but not limited to hazards of strenuous physical exercise, mock scene participation, firearms training and any other duty or circumstances associated with the Franklin County Sheriff's Office Explorer Post.

In consideration of, and by authorization of, my son/daughter/self the right to participate in Post#1053. I have and do hereby assume all of the above mentioned risks and will hold the Franklin County Sheriff's Office, its Deputies, and its other employees harmless from any and all liability, action and causes of action, debts, claims demands of every kind and nature whatsoever, which may arise from my participation in or my going to and from any activities arranged for me by the aforementioned parties.

I have adequate insurance coverage through my family to cover my medical needs should I become ill or injured, and understand I must fully bear the cost of such treatment through such coverage.

The terms hereof shall serve as a release and assumption of risks for my heirs, executor and administrators and for all members of my family.

As a parent, legal guardian, or self, I understand the aforementioned and acknowledge so by signing this form. I swear the information contained on this form, which I have provided, is complete and accurate to the best of my knowledge.

PARENT SIGNATURE: _____ DATE: _____

(If Explorer is under 18)

APPLICANT SIGNATURE: _____ DATE: _____

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Authorization To Conduct Background Investigation

I hereby authorize and release information relative to my son/daughter/self/other _____ . This information is to be obtained by and released only to the members assigned as investigators for the Franklin County Sheriff's Office. It is expressly understood that a background investigation and/or a polygraph exam into my son/daughter/self/other _____ scholastic, social, and past activities that involve a police record is necessary for determining eligibility for membership in the Franklin County Sheriff's Office Explorer Program. It is further understood that any information released shall be used for the sole purpose of determining membership eligibility within the Explorer Post only and shall not be used, or released for any other purposes whatsoever.

Applicant Signature: _____ Date: _____

Parent/Guardian (If under 18): _____ Date: _____