



Alachua County Sheriff's Office
Explorer Post #983
To the Explorer Applicant:



The Alachua County Sheriff's Explorer Post #983 is a member of the Boy Scouts of America and adheres to the principals set for the B.S.A. Explorer programs across the nation. Explorer Post #983 is a member of the Florida Sheriff's Association. Nationally, in law enforcement, there are 2,000 chartered posts with 40,000 members.

The aim of the post is to explore law enforcement as a possible career choice, develop physical fitness, and to serve the community through many different services. The following is a list of some of the community services performed by the Alachua County Sheriff's Explorer Post:

- * Directing parking at various community functions to include festivals, ground-breaking ceremonies, football games, and civic functions.
- * Assisting in registration, checkpoints, crowd control in charitable runs, walk-a-thons, and bike-a-thons.
- * Assisting deputies at high school and college football games.
- * Assisting the Sheriff's Office in the Communications Center.
- * Parking vehicles at Gator Nationals.
- * Working details for the Rotary Club.

The Explorers are involved in many different training exercises to assist them in their activities. The following is a list of some of the training exercises offered:

- * Monthly police science training.
- * Guest speakers from various departments from within the Sheriff's Office and surrounding agencies of this state (i.e. D.C.F., F.B.I., B.S.A., F.D.L.E.)
- * Training in First-Aid, C.P.R., and Emergency Preparedness.
- * Lectures and films on all aspects of police work.
- * A Ride-Along program which places the Explorer in cars with the deputies during reasonable hours and conditions. The Explorers are eligible for this program after they have completed the basic Evaluation and Introduction to Patrol Training.
- * Quarterly state-wide training seminars around Florida.

The following is a list of qualifications that are required of all individuals who are interested in becoming an Explorer:

- * Must be 14-21 years of age.
- * Good physical condition.
- * Must be enrolled in school, maintaining a 2.5 grade point average on a 4.0 scale.
- * Must pass background check.
- * Must be a current resident of Alachua County.

The uniform/equipment will be provided by the Alachua County Sheriff's Office at no additional cost to the Explorer. This equipment must be maintained in good order and is the responsibility of the Explorer. All damaged, lost or missing items will be replaced by the Explorer. The exception to this, the Explorer may be responsible for purchasing a pair of black shoes or boots which can be polished.

If you have any questions, please contact the Alachua County Sheriff's Office Juvenile Relations Bureau at (352)367-4099



**ALACHUA COUNTY SHERIFF'S
OFFICE
POST # 983 APPLICATION**



INSTRUCTIONS: Application must be typewritten or printed legibly in **BLACK** or **BLUE INK**. All questions must be answered; if a question is not applicable, so state and indicate N/A (not applicable). Applications which are not complete and legible will not be considered. Use additional pages if necessary.

NAME: _____ RACE: _____ SEX: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY #: _____

DRIVERS' LICN. #: _____ STATE: _____ EXP: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

LIST ALL OTHER NAMES EVER USED AND CIRCUMSTANCES IN WHICH THE NAME(S) WERE USED. INCLUDE NICKNAMES: _____

HIGH SCHOOL: _____

CITY: _____

COLLEGE: _____

CITY: _____

HAVE YOU EVER BEEN EXPELLED OR SUSPENDED FROM ANY SCHOOL?

YES: _____ NO: _____

IF SO, REASON(S) WHY: _____

HAVE YOU EVER BEEN ARRESTED, CHARGED WITH A CRIME, OR BEEN A SUSPECT IN A POLICE INVESTIGATION? YES: _____ NO: _____

EXPLAIN: _____

LIST ALL TRAFFIC VIOLATIONS: _____

CAN WE CONTACT YOUR SCHOOL FOR YOUR RECORDS AND REFERENCES?

YES: _____ NO: _____

CAN WE CONTACT THE DIVISION OF YOUTH SERVICES FOR A RECORD CHECK?

YES: _____ NO: _____

LIST ANY PREVIOUS SCOUTING BACK GROUND: _____

LIST ALL PLACES OF EMPLOYMENT.

BUSINESS: _____ CITY: _____
PHONE:(____)____ - _____ DATES OF EMPLOYMENT: _____
REASON FOR LEAVING: _____

BUSINESS: _____ CITY: _____
PHONE:(____)____ - _____ DATES OF EMPLOYMENT: _____
REASON FOR LEAVING: _____

Attach additional sheet if needed.

LIST HONORS, AWARDS, ACHIEVEMENTS, POSITIONS HELD IN SCHOOL,
ORGANIZATIONS, AND ANY OTHER SPECIAL RECOGNITION YOU'VE RECEIVED IN
ANY ORGANIZATION: _____

LIST ANY SPECIAL ABILITIES, INTEREST, AND HOBBIES WITH DEGREE OF
PROFICIENCY: _____

List all clubs, societies of which you are or have been a member:

Name _____	City _____	Type _____
Name _____	City _____	Type _____
Name _____	City _____	Type _____

Are you now or have you ever been a member of any organization or group of persons which has adopted,
or shows a policy of advocating or approving the commission of acts of force or violence to deny other
persons their rights under the constitution of the United States of America

Yes _____ No _____

If yes, Explain: _____

Do you have any physical defects, health limitations, or special considerations which would prohibit participation in all phases of firearms training, physical training, defensive tactics?
If so, explain? _____

Are you free of illegal substance abuse? Yes _____ No _____

Have you ever been arrested or convicted for the use or sale of drugs? Yes _____ No _____

Have you ever been hospitalized or treated for alcohol or substance abuse? Yes _____ No _____

Have you ever been arrested or convicted of child neglect or abuse? Yes _____ No _____

Other than the above matters, are there any facts or circumstances involving you or your background that would call into question?

You're being involved with the Alachua County Sheriff's Explorer Program? Yes _____ No _____
If yes, explain: _____

Have you ever used, sold or experimented with any illegal Drugs? Yes _____ No _____
If yes, explain: _____

Have you ever been treated for or do you have any history of mental or emotional illness? Yes _____ No _____
If yes, explain: _____

List two (2) persons to call in case of an emergency - other than parents:

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____



Alachua County Sheriff's Office
Explorer Post #983
EXPLORER OBLIGATION (UNIFORM AND EQUIPMENT)

The Alachua County Sheriff's Office along with the Alachua County Sheriff's Office Explorers Post # 983, have purchased uniforms and other related equipment to assist the Explorers in their training and duties.

Upon an Explorer leaving the post, he/she is responsible for returning **ALL EQUIPMENT ISSUED** to him/her in good condition. In the event that the equipment becomes damaged due to negligence on the part of the Explorer, the cost of repair or replacement will be the responsibility of the Explorer, his parent or guardian (if under 18).

If this obligation is not met within ten (10) days of the date of resignation or termination, the parent/guardian of the Explorer will be billed for the cost of any unreturned or damaged equipment. The school, in which the child is enrolled, will be asked to uphold final grades until such time as payment is received by the Alachua County Sheriff's Office. In addition, the State Attorney's Office will be contacted for criminal prosecution.

The above policy is necessary, in the view of ever increasing cost for replacement of uniforms and equipment. Your cooperation, therefore, will indeed be appreciated.

I, the parent/guardian of Explorer _____
 Do hereby understand and agree to the obligation as stated above.

Applicant's Signature	Date
Parent/Guardian Signature (If under 18 years of age)	Date



Alachua County Sheriff's Office Explorer Post 983



Release of Liability/Permission Firearms Training

Part of the training and activities the Explorer's participate in is marksmanship training and competition. This activity is optional, not mandatory. Marksmanship training is only conducted and supervised by instructors in strict accordance with the guidance established by the Boy Scouts of America and the Alachua County Sheriff's Office.

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 to the post advisor.

I hereby attest that I am the parent/legal guardian of Explorer _____,
I give permission for him/her to participate in firearms training/ competition with the Explorer Post #983.

I further agree to hold harmless the Alachua County Sheriff's Office, including any of its employees, agents. Or other representatives, from any accidents, illnesses, injury, or other loss or harm suffered from this activity.

I understand that this privilege may be terminated by the Explorer Post or agent of the Alachua County Sheriff's Office if the Explorer fails to follow any instructions during training or competition.

Print Name

Parent/Guardian Signature

Date

State of Florida
County of Alachua

The foregoing was acknowledged before me this _____ day of _____, 2____
by _____, who is personally known to me or has produced
_____, as Identification, and who did/did not take an
oath.

Notary Public

My Commission Expires: _____, 2_____.



Alachua County Sheriff's Office Explorer Post 983



I have discussed and reviewed the by-laws of the Alachua County Sheriff's Explorer Post # 983 with the Explorer Advisor or a sworn deputy of the Alachua County Sheriff's Office. I understand the rules and regulations set forth therein and understand the consequences of failure to abide by them upon my acceptance into post # 983.

Applicant's Signature

Date

I understand that membership offered to me will be contingent upon results of character investigation and I am aware that willfully withholding information or making false statements on this application will be basis for dismissal from the Alachua County Sheriff's Office Explorer Post # 983. I agree to these conditions and hereby certify that all statements made by me on this application are true and complete to the best of my knowledge. I also understand and agree that this membership application shall be the property of the Alachua County Sheriff's Office.

Applicant's Signature

Date



**Alachua County Sheriff's Office
Explorer Post #983**

**PARENT CONSENT
(If UNDER 18 YEARS OF AGE)**

I hereby attest that I am the parent/legal guardian of _____
 I give my consent for him/her to make application to the Alachua County Sheriff's Office
 Explorer Post # 983. I understand that if accepted in the program, _____
 will receive training in Law enforcement and after Completion of this training will be required to
 ride along (in accordance with ACSO Directive 167) with a Sheriff's Deputy during his/her
 regular tour of duty. I also understand that the Alachua County Sheriff's Office Explorer Post is
 affiliated with the Boy Scouts of America.

 Print Name

 Parent/Guardian Signature

 Date

AFFIDAVIT

State of Florida
 County of Alachua

The foregoing was acknowledged before me this _____ day of _____,
 20____ by _____, who is personally known to
 me or has produced _____ as identification, and who did/did not
 take an oath.

 Notary Public

My Commission Expires: _____, 20_____.



Alachua County Sheriff's Office
Explorer Post #983
MEDICAL HISTORY AND INFORMATION

Explorers name: _____ Date of Birth: _____
 Social Security Number: _____

Have or subject to (check if yes)

Asthma Fainting Spells Convulsions Back Pain
 Diabetes Heart Trouble Bleeding Disorder Neck Pain

Please provide any medical condition, allergies to food or medication, or any condition, which might require care, medication, or special diet:

Primary Physician: _____ Telephone: _____

Hospital of Preference: _____

Health Insurance Company: _____

Health Insurance Policy Number: _____

Emergency Contact:

Home address and phone: # _____

Mother's Name and work place #: _____

Father's Name and work place #: _____

Other Emergency Contact: Name: _____ phone: _____

I hereby attest that I am the parent/legal guardian of Explorer _____, I give my permission to a representative of the Alachua County Sheriff's Office to seek medical treatment for him/her in the event of an injury or illness while he/she is attending an authorized function of the Alachua County Sheriff's Office Explorer Post #983.

 Print Name of Parent or Guardian

 Signature of Parent or Guardian

 Date Signed by Parent or Guardian

State of Florida
 County of Alachua

The foregoing was acknowledged before me this ____ day of _____, 20__ by _____, who is personally known to me or has produced by _____ as identification, and who did/did not take an oath.

 NOTARY PUBLIC

My Commission Expires: _____, 2_____.



**Alachua County Sheriff's Office
Explorer Post #983**

Permission/Waiver

As the parent/guardian of _____, I give him/her permission to volunteer at the Alachua County Sheriff's Office up to 15 hours per week. I do hereby waive any and all claims and cause of action against the Alachua County Sheriff's Office and its employees which may arise as a result of volunteering with this agency.

AFFIDAVIT

State of Florida
County of Alachua

The foregoing was acknowledged before me this _____ day of _____, 20____ by _____, who is personally known to me or has produced _____ as identification, and who did/did not take an oath.

Notary Public

My Commission Expires: _____, 20_____.



ALACHUA COUNTY SHERIFF'S OFFICE

RIDE ALONG PROGRAM

WAIVER/RELEASE

I understand that law enforcement is a hazardous occupation involving conflict resolution, exposure to volatile situations, and dealing with hostile individuals. I understand by participating in the RIDE ALONG PROGRAM I could be placed in a dangerous situation.

After being so informed, I do hereby knowingly waive any and all claims and causes of action against Sheriff Sadie Darnell, Sheriff of Alachua County, Florida, his deputies and employees, which may arise as a result of my participation in said RIDE ALONG PROGRAM.

This waiver executed this _____ day of _____, 20_____.

Signature of Participant or Parent or
Guardian if Participant is Under 18.

Printed Name of Participant

STATE OF FLORIDA
COUNTY OF ALACHUA

On this _____ day of _____, 20_____, before me personally appeared _____ to me known to be the person who executed the foregoing instrument and acknowledged that he/she voluntarily executed the same.

My commission expires _____ 20_____.
NOTARY PUBLIC _____



ALACHUA COUNTY SHERIFF'S OFFICE

PERMISSION/WAIVER

As the parent/guardian of _____, I give him/her permission to volunteer at the Alachua County Sheriff's Office up to 15 hours per week. I do hereby waive any and all claims and causes of action against the Alachua County Sheriff's Office and its employees which may arise as a result of volunteering with this agency.

This waiver executed this _____ day of _____, 20_____.

(Signature of Parent or Guardian)

STATE OF FLORIDA COUNTY OF ALACHUA

On this _____ day of _____, 20_____, before me personally appeared _____, known by me to be the person who executed the foregoing instrument and acknowledge that he/she voluntarily executed same.

NOTARY PUBLIC

My Commission expires _____, 20_____.