



LEON COUNTY
Sheriff's Office
Committed to Excellence

Leon County Sheriff's Explorer Post #15 Application

Must be completed entirely prior to submitting application

1. _____ Copy of your birth certificate
2. _____ Recent Color photograph of yourself, no larger than 5x7
(Photo will not be returned to you.)
3. _____ Recommendation Letter From school counselor with your GPA
4. _____ Letter from your school principal stating his/her recommendation
5. _____ List of school activities that you are involved in. (Example:
Clubs, sports, service clubs, etc.)
6. _____ Two recommendation letters from Non Relatives
7. _____ Recommendation letter from your School Resource Deputy
8. _____ Letter stating why you want to participate with the
Explorers and why you think you would be a good candidate
9. _____ All forms attached have to be completed and signed by guardian

Write legibly, use black ink only

EXPLORER POST #15

APPLICATION AND PERSONAL HISTORY

Name: _____ Age: _____ Date of Birth: _____

Address: _____ Apt: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Physical Description

Height: _____ Weight: _____ Hair color: _____ Eye color: _____

Glasses: Yes _____ No _____ Scars/Marks/Tattoos: _____

Handicaps: _____

Driver's License Number: _____

Do you have transportation to post functions: Yes _____ No _____?

Education

Grade in School: _____ Year Graduating _____

Counselor's Name: _____ Principal's Name: _____

School Attending: _____ Grade Point Average: _____

Place of Employment: _____ Employer's Name: _____

Business Phone: _____ Hours per week worked: _____

Position and Type of employment: _____

Parents Information

Mother's Name: _____ Father's Name _____

Address: _____ Address: _____

(If home information is the same write "Same")

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Number: _____ Work Number: _____

ADMINISTRATION ONLY:

Date of Application: _____ Date of Background: _____ Three Meeting Dates: _____, _____, _____

Date of Oral Board: _____ Advisor Approval: _____

Comments: _____

Authorization for Medical Treatment

Leon County Sheriff's Office Explorer Post #15 Medical Waiver

In case of an emergency that requires medical treatment while my dependant son/daughter, _____ is with the Leon County Sheriff's Explorer Post #15, permission is hereby granted to any Sheriff's Deputy or post advisor to seek necessary medical aid or hospitalization until such time as I/we can be contacted.

Please list any medical conditions or allergies you feel we may need to be aware of:

Parent/Guardian signature Date: _____

Printed Name

STATE OF FLORIDA
COUNTY OF LEON

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 _____

Release of Liability/Parent Permission

Leon County Sheriff's Office Explorer Post #15

Firearms/Simulations Training Waiver

The Leon County Sheriff's Explorers participate in training and competitions that will involve the use of firearms and Simulations. The Explorers have to complete a 40 hours course of firearms instruction and training prior to competing with a firearm. This training is conducted by certified firearms instructors who are trained in the safe operations of handling firearms and require each Explorer to follow the range rules and demonstrate safe gun handling practices prior to any live shooting that is in a controlled environment. Each Explorer is monitored closely insuring the utmost safety. These activities are not mandatory however we strongly encourage Explorers to become familiar with firearms and Simulations training to further their knowledge and respect and the capabilities of a firearms.

I, (print name) _____, am the parent/guardian of Explorer, (print name) _____. I hereby knowingly and voluntarily assume all risks and liability for any and all injury inflicted upon dependant, or upon others, in any scenario based training utilizing Simulations and or while training and competing with the use of firearms. I recognize the potential hazards of utilizing these weapons.

I hereby knowingly and voluntarily release the Leon County Sheriff, his officers and employees, including the Explorer Advisors of Post #15 as well as the owners, individuals or corporate, of any real property used by Post #15 for said training and competitions, from any 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, or while participating in Explorer training/competitions.

Parent Signature; _____ **Date:** _____

STATE OF FLORIDA
COUNTY OF LEON

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 _____

Permission to use photographs and or video footage

I authorize the Leon County Sheriff's Office, its representatives and employee's to include the Sheriff's Explorer Advisors the right to take video and photographs of my minor child while involved with the Explorers program.

I understand that his/her name may or may not be used for the purpose of publicity, illustration, advertising and promoting by various methods legally and lawfully as it relates to the Explorer program.

I have read and understand the above:

Explorer Name

Parent Name

Parent or Adult Explorer Signature

Date: _____

Leon County Sheriff Explorers Post #15

Mission Statement

The Leon County Sheriff and the Explorer Advisors Mission statement, is to provide youth within our community the opportunity to explore Law Enforcement as a potential career choice. Our goals are to instill core values to help prepare youth to make ethical choices throughout their lives so they can achieve their full potential regardless of their career choices.

Core Values

Honesty & Integrity

Members of the Leon County Sheriff's Explorers Post #15 will be truthful and trustworthy at all times, and in all places. Our commitment is to the highest level of standards as measured by the Law Enforcement profession, the Law Enforcement Canon of Ethics, and standing up for one's belief.

Accountability

Each member will be responsible for his or her actions; not only to our fellow members, but to the community we serve. We must realize that the community views us as a public servant and expect a quality of service.

Teamwork

A group organized to work together. We are committed to a spirit of cooperation with each other and our community. We will form a partnership with the community and listen to them. We will never willingly let a member of our team fail.

Trust & Respect

May every activity we engage in serve to further enhance the public's trust and respect for the Sheriff's Office. We will strive to safeguard that trust, and keep our promises. We pledge to protect the rights of all citizens we serve.

Commitment to Excellence

Members are dedicated to achieving the vision, mission and goals of the agency. We will always seek to do our best and improve what we do. We are willing to examine what we do and make changes to achieve our goals and full potentials.

Rules of Conduct

Leon County Sheriff's Explorer Post #15

1. Dishonesty will not be tolerated.
2. The member will at all times maintain an attitude that will be conducive to learning.
3. The member shall stay drug, alcohol and tobacco free at all times.
4. The member shall maintain his/her uniform in a good state of repair. The member shall be neat, clean and dressed in the proper uniform for meetings, details, activities or tour of duty. The member shall keep his/her hair well groomed and at an appropriate length. Each member shall be mindful that their personal appearance reflects on fellow members and the Sheriff's Office.
5. The demeanor of the member while in uniform shall reflect that of maturity and professionalism.
6. Attendance at each weekly meeting is required. An explanation for any absence shall be given in advance to the members direct explorer supervisor. More than one unexcused absence in a month shall be grounds for dismissal from the program.
7. The member shall maintain a minimum of an overall "C" average in school. A member shall be dismissed from the program upon leaving high school without graduating.
8. The member shall maintain a good attitude toward the law and law enforcement.
9. The member shall be punctual, alert and reliable.
10. The member(s) will refrain from entering into a romantic relationship with another active member. There will be no dating between active members if members enter into a romantic relationship one member shall resign. If found secretly participating in such relationship both members will be excused from the post.

I hereby acknowledge that I have read and understand the preceding rules of conduct and agree to abide by them to the best of my ability.

Signed _____ Date _____

Witness _____ Date _____

Leon County Sheriff's Explorer Post #15

Termination Policy

I UNDERSTAND THAT I MAY BE TEMINATED FROM THE LEON COUNTY SHERIFF'S EXPLORER POST AT ANY TIME FOR ANY REASON AS DEEMED IN THE BEST INTEREST OF THE EXPLORERS POST AND THE LEON COUNTY SHERIFF'S OFFICE OR FOR ANY VIOLATION OF THE FOLLOWING:

1. DRESS CODES
2. LACK OF POST INVOLVEMENT
3. CONDUCT UNBECOMING OF AN EXPLORER AS DEFINED IN THE LEON COUNTY SHERIFF EXPLORER MANUAL.
4. ACTING OR BEHAVING PRIVATELY OR OFFICIALLY IN SUCH A MANNER AS TO BRING DISCREDIT UPON HIMSELF/HERSELF AND THE LEON COUNTY SHERIFF'S OFFICE.
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 SHERIFF'S 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 OF MEMBERSHIP.

Signature

Date: