

Walton County Sheriff's Office

Explorer Post 536

RULES AND REGULATIONS

To Prospective Explorers and Parents

Each applicant must pass a selection process which will include an interview and a background investigation. Explorer Post 536 is sponsored by the Walton County Sheriff's Office, the area chartered by the Learning for Life, and Boy Scouts of America. Accident insurance for Explorer activities is provided through the Learning for Life, Boy Scouts of America. The cost of this insurance is paid through registration fees, sponsored by the Walton County Sheriff's Office. We strive to teach young people responsibility by having them earn the funds necessary to support their activities through fund raising events. The amount of expenses that Post 536 will pay varies according to participation and funds available in their treasury.

Complete and return the following attached forms. All of the items in this packet must be completed before the individual can be accepted as a member.

1. Membership Application
2. Attend Two Consecutive Post meetings
3. Complete Oral Interview by Advisor and / or Officer Board
4. Annual BSA Health & Medical Record
5. Two Letters of Recommendation
6. Personal Essay
7. Report Card (at least 2.0 or above GPA)
8. Proof of Current Vaccinations

Photocopies of the following items must be included with your application.

- A copy of your most current report card or grades
- A copy of your driver's license or learners permit
- A copy of any awards or training certificates you have received (Optional)

Membership Requirements:

1. Young adults between the ages of 14 and 21
2. Maintain at least a "C" grade point average
3. Have parental approval
4. Be of good health
5. Be of good moral habits without arrest or conviction
6. Two (2) letters of recommendation (School Resource Deputy, School Guidance Counselor, Clergy, Teacher, or other responsible adult)

Each explorer candidate will need to get two letters of recommendation from persons other than a family member.

Each candidate will write an essay telling why they would like to join the explorer program.

All explorers attending school will have to provide a copy of their report card. They must maintain a 2.00 GPA to attend meetings. If an explorer falls below a 2.00 GPA, they will not be allowed to participate in any explorer programs or meetings until they can provide proof their GPA is back above the minimum requirement. A letter from a teacher will suffice for readmission.

It is highly recommended that the explorer get a Hepatitis B vaccination in addition to all vaccinations required by enrollment in the county school system. The Health Department will provide the vaccine series (3 shots) for free if the individual is less than 19 years of age. Check with the Walton County Health Department for details.

To Maintain Membership:

1. Members must attend 80% of all Explorer meetings
2. Members must attend 80% of all Explorer functions
3. Members must maintain at least a "C" grade point average
4. Members must abide by all rules and regulations governing Explorer Post 536

Program Objectives:

The intent of Law Enforcement *Exploring* is to educate and involve youth in Law Enforcement operations and to interest them in Law Enforcement functions, whether they enter into a Law Enforcement career or not. 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 best be instilled. Additionally, commissioned personnel normally exposed to youth involved with criminal offenses can observe and experience the positive side of our community's youth. Exploring provides the Law Enforcement Community an opportunity to further invest 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 a citizens and community members. Several approaches are used to achieve the objectives of Law Enforcement Exploring. One of which is bi-weekly meetings 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 communication, first aid training, as well as search and rescue procedure. All activities are performed under the supervision of department members and demonstrate that Exploring can have more than a 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 designed to build positive character traits, develop personal and mental fitness as well as promote active citizenship. As well as 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.

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 traditional educational settings, hands on experiences with people who work in a field or have knowledge of it. For those young adults who are interested in a career in Law Enforcement, there are several scholarship programs available to qualified applicants.

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 of their activities. That's why an Explorer Post organizes a program and activities

around the six experience areas of: career, social, service, leadership, fitness, and outdoor. This kind of program helps us to understand more fully the meaning and benefits of maintaining balance in our lives; showing responsibility towards others and our community; and being mentally, emotionally, and physically balanced.

What do Law Enforcement Explorer Posts Do?

Law Enforcement Explorer posts conduct a variety of programs and projects featuring safety, training, and service. Explorers have opportunities to learn about the requirements of Law Enforcement careers gain firsthand work experience, and earn possible community service hours toward furthering education.

The following are program and project ideas that integrate Exploring in six experience areas:

Career

Achieve a better understanding of America's social, economic, and Governmental systems. Gain insight and practical experience in careers.

Leadership

Gain a sense of pride in our American heritage. Prepare to give leadership, and fulfill responsibilities to America and the forums of the world.

Social

Build stable personal values. Learn to deal with all people and gain a sense of family responsibility.

Service

Acquire the skills and the desire to help others. Gain a keen respect for the basic rights of others.

Outdoor

Acquire a degree of self-reliance based on courage, initiative, and resourcefulness. Gain an understanding and appreciation of the use of resources and the protection of our environment.

Personal Fitness

Improve mental and emotional fitness. Gain physical fitness and an appreciation of sports.

Date: _____

**Application for Membership
Walton County Sheriff's Office
Explorer Post 536**

You must complete the attached forms to be considered for the position of Explorer with the Walton County Sheriff's Office. The application must be 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. 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 your criminal background. The next section contains your medical and firearms waivers; which a parent or guardian must sign before participating in any Explorer functions. Lastly, your essay is where you will demonstrate your writing skills.

Personal Information

Name: _____ Nick Name: _____

List any other names you have used: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: (____) _____ Cell Phone: (____) _____

Age: _____ Date of Birth: _____ Male / Female: ____ Social Security Number: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

What school do you attend? _____ Grade: _____

Father's Name: _____

Work Phone: (____) _____ Cell Phone: (____) _____

Mother's Name: _____

Work Phone: (____) _____ Cell Phone: (____) _____

Arrest History

Have you ever been arrested regardless if the record was sealed or expunged? _____ if so, give date, place, agency, and offense: _____

Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge ever been the subject of or the suspect in any criminal investigation? _____

Have you ever been suspended or expelled from any schools? _____

If yes, give date, reason, and name of school: _____

Do you have access to a car: _____ Do you have a license: _____

If yes, give state, driver's license number, and expiration date: _____

List all traffic violations in the past three years: _____

Type of vehicle owned or driven by you including tag number: _____

Has your license ever been suspended? _____ if yes, give details: _____

General

How did you hear about the Post? _____

What School do you attend? _____ List any extracurricular activities you are involved in: _____

Is anyone in your family currently employed by the Walton County Sheriff's Office or any other Law Enforcement Agency? _____ If yes, who/where? _____

Do you want to be a Law Enforcement Officer? _____

Will you be able to attend most Explorer meetings, training, and activities: _____

Would you be able to make all meetings on time and in uniform? _____

Why do you want to join the Post? _____

Approximately how many hours per month could you donate to the Explorer Post? _____

Place of Birth: _____

Have you ever been listed as a runaway juvenile? _____

Have you ever been a member of an Explorer Post before? _____ Where? _____

Have you ever or do you currently use any tobacco products? _____

Have you ever or do you currently drink alcoholic beverages? _____

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. _____

If there is any other information you think is pertinent to this application, please explain here: _____

Are you aware of any information about yourself or any person with whom you are or had been closely associated which might tend to reflect unfavorably on your reputation, moral, character, or ability? _____

If yes, explain: _____

Do you have Facebook, MySpace, or any other social media page? List name titles: _____

Employment

Do you have a job? _____ If yes, give name, address and phone number _____

Give a brief description of your duties and responsibilities at your place of employment: _____

_____ I hereby make application to Explorer Post 536

_____ I understand that certain rules and regulations apply to all members and agree to abide by them

_____ I understand that I may come across information that may be confidential, I agree to keep it that way

_____ I understand that if I do anything that is contrary to the By-Laws governing the Post which results in embarrassment for the Post, the office, or Sheriff, my membership will be terminated

_____ I swear that I have not provided any information that is deliberately misleading, dishonest, or deceptive in this application

Applicant Signature _____ Date _____

Signature of Parent or Guardian _____ Date _____

Record Release

In order to get a good idea of the character of the individual applying for membership in the Walton County Sheriff's Explorer Post 536, we request that parents sign the release form below. This form releases all child hood records in the area of Law Enforcement history and enables the Explorer Post to make a fair decision on the applicant. Thank you for your cooperation.

I, the parent/guardian of _____ release all formal records of my son/daughter to the Walton County Sheriff's Explorer Post 536. I do also realize that these records are recognized as FULLY CONFIDENTIAL and will remain so. I understand that if the RELEASE FORM is not signed, my child may not be accepted into Explorer Post 536.

Child's Legal Name: _____ Date of Birth: _____

Parent /Guardian Signature _____ Date _____

Full Release

We, the undersigned Explorer Scout and Parent or Guardian hereby fully release the Walton County Sheriff's Office and all personnel thereof from any and all liability arising out of their permission for Explorer Scout _____ to ride and associate with the Walton County Sheriff's Office and all personnel thereof as an observer. **We understand and appreciate fully that he/she may be subjected to hazardous situations which can cause death or serious bodily injury by riding and associating with the Walton County Sheriff's Office** and all personnel thereof as an observer. I also give permission for the above named to be trained in CO2, and operation / use of firearms while under the supervision of a Deputy Sheriff. I _____ hereby knowingly and voluntarily assume all risk and liability for any and all injury inflicted upon, myself, or by me upon others, in any live fire training situation and/or firearms familiarization, conducted by Explorer Post 536. I recognize the dangers and hazards of live firearms 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 Walton County Sheriff, his officers and employees, including the explorer advisors of Post 536, as well as the owners, individual or corporate, of any real property used by post 536 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.

Date: _____

Signature of Explorer _____

Signature of Parent/Legal Guardian _____

Witness: _____

STATE OF FLORIDA

COUNTY OF WALTON

Sworn to and subscribed before me this _____ day of _____ 20____.

Signature _____ Notary Public State of Florida My Commission Expires: _____

DRUG TESTING RELEASE

Be advised that The Walton County Sheriff's Office Explorer Post 536 has chosen to implement a random drug testing program similar to that of the Walton County Sheriff's Office. The Sheriff's Office has a legal responsibility and management obligation to ensure a safe work environment, and protection of public trust and the integrity of the Sheriff's Office.

Explorer _____ (applicant) affirms that he/she currently does not use illegal drugs or narcotics and does not abuse non-prescription or prescription drugs and are prepared to provide a statement by licensed medical provider confirming this fact.

The undersigned Explorer and Parent/Guardian acknowledge that the Walton County Sheriff's Office or Senior Explorer Advisor will schedule random drug testing to include this Explorer. This testing will be administered without advance notice.

Within five days of the Office receiving positive testing results, Explorer and parent/Guardian will be notified in writing. The Explorer will be referred to counseling and/or rehabilitation and suspended from the post activities until two consecutive test return negative results.

The Sheriff's Office will not assume financial responsibility for any cost of treatment or testing during the suspension period.

Refusal to comply with drug testing request will result in immediate termination of membership in the post.

We, the undersigned Explorer and Parent/Guardian hereby acknowledge that the Walton County Sheriff's Office has advised us of their random drug testing policy and agree to abide by the policy and procedures.

Date: _____

Signature of Explorer _____

Signature of Parent/Legal Guardian _____

Witness: _____

STATE OF FLORIDA
COUNTY OF WALTON

Sworn to and subscribed before me this _____ day of _____ 20____.

Signature _____ Notary Public My Commission Expires: _____

PERSONAL HEALTH AND MEDICAL SUMMARY

Name: _____ Date of Birth: _____ Age: ____ Sex: M__ F__
Name of Parent/Guardian _____ Telephone: (____) _____
Name of Personal Physician _____ Telephone: (____) _____
Personal Health/Accident Insurance Carrier _____ Policy Number: _____

Medical information past or present (please check)

____ Asthma ____ Cancer ____ Seizures
____ Convulsions ____ Hemophilia ____ Anemia
____ Diabetes ____ High Blood Pressure ____ Other _____
____ Heart Disease ____ Leukemia _____

Explanations (please provide any information to help provide as safe an environment as possible): _____

List any conditions limiting full participation (Physical or emotional): _____

List medicines: _____

List date of last vaccinations for: ____ Diphtheria ____ Measles ____ Polio ____ Mumps
____ Rubella ____ Pertussis ____ Tetanus

In Case of Emergency

Parent/Guardian Name : _____ Address: _____
Phone: (____) _____ Phone: (____) _____ Phone: (____) _____
Work address: _____

Parent/Guardian Name : _____ Address: _____
Phone: (____) _____ Phone: (____) _____ Phone: (____) _____
Work address: _____

Parent/Guardian Name : _____ Address: _____
Phone: (____) _____ Phone: (____) _____ Phone: (____) _____
Work address: _____

In case of Emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, injections, or medication for my child. I hereby give permission to the adult leader in charge, to release any necessary medical information in order to obtain emergency medical treatment.

Signature of Explorer: _____
Signature of Parent/Legal Guardian _____
Witness: _____

STATE OF FLORIDA
COUNTY OF WALTON

Sworn to and subscribed before me this ____ day of _____ 20____.

Signature _____ Notary Public My Commission Expires: _____

References

Provide the following contact information for four 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? _____

Termination Policy

I understand that I may be terminated from the Explorer Post at any time for violation of the following:

1. Dress Codes
2. Lack of Meeting attendance
3. Conduct unbecoming of an explorer
4. Acting or behaving privately or officially in such a manner as to bring discredit upon himself/herself and the Walton County Sheriff's Office
5. Willful violation of any Federal Statute, State Law, or Local Ordinance.
6. Unauthorized entrance into restricted areas 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

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. 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 without any proper notice to me. I understand that an investigation will be conducted on all of the information listed on this application.

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.

Signature: _____

Signature of Parent or Guardian: _____

Witness: _____

State of Florida
County of Walton

Sworn to and subscribed before me this _____ day of _____ 20 ____

Signature _____ Notary Public My commission Expires _____

Consent to Release to Newspapers, TV, and Media

To publicize the achievements of our Explorers, and the great work they do for our community, we occasionally publish our explorer's names, photographs, achievements and awards to local newspapers, TV, or other media. We may also post the information on the Sheriff's Explorer Web site.

By signing this form I consent to having my child's photo, name, awards and achievements published in the newspapers, newsletters, TV, Sheriff's Explorer Web site, or any other form of media.

Signature: _____

Signature of Parent or Guardian: _____

Witness: _____

State of Florida

County of Walton

Sworn to and subscribed before me this _____ day of _____ 20 _____

Signature _____ Notary Public My commission Expires _____