



WALTON COUNTY SHERIFF'S OFFICE

EXPLORER POST 112



INTRODUCTION

Walton County Sheriff's Office Explorer Post 112 is for you, the Sheriff's Explorer. This program is meant to be YOUR program. You, along with your fellow Sheriff's Explorers will make your program its best by doing everything with a Commitment to Excellence.

With the guidance and help from your Senior Advisor, Associate Advisor, and members of the Walton County Sheriff's Office, you will have the opportunity to experience the profession of law enforcement. You will learn how deputy sheriffs enforce laws, and equally as important, serve our communities. You will learn why Integrity, Service, and Courage are the core values of the Walton County Sheriff's Office, and you will get to experience why we are committed to ensuring our community is a safe place to live, work, and visit.

The Office of Sheriff is the oldest law enforcement entity in history. Dating back more than 1,000 years, the Office of Sheriff continues today with tradition, honor, and integrity in the communities we serve. We maintain this heritage and uphold these values. As a Sheriff's Explorer, you are required to respect and uphold these principles and values as well.

Whether you pursue a career in law enforcement, or seek other adventures in your life, the experiences you have as a Sheriff's Explorer can help you be successful today, and in your future. You will have the opportunity to learn self-discipline, understand laws and the judicial system, and see first-hand the commitment of the women and men of the Walton County Sheriff's Office.

Being a Sheriff's Explorer means you will have to put in effort. You will be expected to do better than "just good enough." But you will reward yourself with pride, self-respect, and respect of your peers. You will be challenged to lead and experience the value of teamwork.

As you begin your journey as a Sheriff's Explorer, remember now is the time where you can make a difference. You can help others and experience the joy of being a public servant while growing yourself into who you want to be.



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APPLICATION PROCESS

Each applicant must pass a selection process which will include an interview and a background investigation. Walton County Sheriff's Explorer Post 112 is sponsored by the Walton County Sheriff's Office and the Florida Sheriff's Explorers Association.

Application:

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

- Membership application
- Attend two consecutive post meetings
- Complete oral interview by Advisor's Board
- Complete an annual Physician's Medical Waiver
- Two letters of recommendation from school resource deputy, school guidance counselor, clergy, teacher, or other responsible adult that is not a family member
- Personal essay (no word minimum/maximum) Quality of essay is important.
- Photocopy of most recent school report card (at least 2.0 GPA or "C" average)
- Photocopy of your driver's license or learner's permit (Identification card if under the age of 15 years old)
- A copy of any awards or training certificates you have received (Optional)

Membership Requirements:

- Members must abide by all rules and regulations governing the Walton County Sheriff's Office and Walton County Sheriff's Office Explorers Post 112
- Young adults between the ages of 14 and 21
- Maintain at least a 2.0 GPA or "C" average in school
- Have parental approval to join the program (if less than 18 years old)
- Maintain current annual Physician Medical Waiver
- Be of good moral habits without arrest or conviction
- Maintain prior recommendations provided in application
- Become certified in C.P.R. (Cardiopulmonary Resuscitation) upon appointment (training provided to the applicant.)
- Members must attend 80% of all explorer meetings and functions

It is highly recommended the member gets 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.



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Physician's Medical Waiver

I, _____ understand that I must be in satisfactory physical condition to participate in the Walton County Sheriff's Explorers Post 112 Program. The program shall include moderate physical activities such as walking, running, climbing, crawling, pulling, pushing, jumping, stooping, bending, squatting, and standing for an extended period of time. By signing this waiver, I acknowledge that I am in adequate physical condition and have no medical limitations that would prohibit my participation in the Sheriff's Explorer Program.

Applicant's signature

Date

Parent/Guardian's signature (if applicant is a minor)

Date

I, _____ M.D., am unaware of any conditions or restrictions that would prohibit my patient from participating in any of the activities listed above.

Physician's signature

Date

Physician's address

City, State, Zip

Telephone



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Membership Application

You must complete the attached forms to be considered for a membership with the Walton County Sheriff's Explorers Post. 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 a Walton County Sheriff's Explorer. The first section is your personal profile. Be truthful in giving us information about yourself, and remember that we will contact your references, and check your criminal background. The next section contains your medical and firearms waivers, which a parent or guardian (if you are under 18) must sign before participating in any Walton County Sheriff's Explorer functions. Pages 5,6,8,11 and 12 MUST be notarized. 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: _____ Gender: _____ 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: (____) _____



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Arrest History

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

2. 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? _____

3. Have you ever been suspended or expelled from any school? _____
If yes, give date, reason, and name of school: _____

4. Do you have access to a car? _____ Do you have a driver license? _____
If yes, give state, driver's license number, and expiration date: _____

List all traffic violations in the past three years: _____

5. Year, Make, Model and Tag Number of vehicle owned or driven by you: _____

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



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General

1. How did you hear about the WCSO Explorers? _____
2. List any extracurricular activities you are involved in: _____
3. Is anyone in your family currently employed by the Walton County Sheriff's Office or any other law enforcement agency? _____ If yes, who/where? _____

4. Do you want to be a law enforcement officer? _____
5. Will you be able to attend at least 80% of meetings, training, and activities? _____
6. Why do you want to join the WCSO Explorers Post? _____
7. Approximately how many hours per month could you attend functions and community activities?

8. Have you ever been listed as a runaway juvenile? If so, why? _____
9. Have you been a member of an Explorers Post before? _____ Where? _____
10. Have you ever or do you currently use any tobacco products? _____
11. Have you ever or do you currently drink alcoholic beverages? _____
12. 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. _____
13. If there is any other information you think is pertinent to this application, please explain here:

14. 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 or moral character?
If yes, explain: _____

15. Do you have Facebook, Twitter, TikTok, Snapchat, YouTube or any other social media page? List profile names and site: _____



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Employment

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

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

Please initial each statement listed below:

_____ I hereby make application to the Walton County Sheriff's Explorers Post 112.

_____ I understand Walton County Sheriff's Office rules and regulations apply to all members and I agree to abide by them.

_____ I understand that I may come across information that may be confidential. I agree to keep that information confidential.

_____ I understand that if I do anything that is contrary to the by-laws governing this program which results in embarrassment for the Walton County Sheriff's Office, Walton County Sheriff's Explorers Post 112 or the Florida Sheriff's Explorers Association, my membership will be terminated.

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

Signature of Applicant _____ 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 Explorers Post 112, we request that parents sign the release form below. This form releases all childhood records in law enforcement history and enables the Walton County Sheriff's Explorers Post 112 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 Explorers Post 112. 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 the Walton County Sheriff's Explorers Post 112.

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

Parent /Guardian Signature: _____ Date: _____



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Full Release

We, the undersigned Walton County Sheriff's Explorers Post applicant and Parent or Guardian of applicant hereby fully release the Walton County Sheriff's Office and all personnel thereof from any and all liability arising out of their permission for the Walton County Sheriff's Explorers Post member applicant 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 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 Walton County Sheriff's Explorers Post 112. 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 will be supervised by qualified adult supervisors/instructors.

I hereby knowingly and voluntarily release the Walton County Sheriff, his officers and employees, including the Walton County Sheriff's Explorers Post Advisors, as well as the owners, individual or corporate, of any real property used by post 112 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 Applicant: _____

Signature of Parent/Legal Guardian for Applicant: _____

Witness: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of [] physical presence or [] online notarization, this ____ (Day) day of ____ (Month), ____ (Year), by _____ (Person making statement).

(NOTARY SEAL)
(Stamp)

(Signature of Notary Public-State of Florida)

(Name of Notary Typed, Printed, or

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____



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Drug Testing Release

Be advised that the Walton County Sheriff's Explorers Post 112 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.

Walton County Sheriff's Explorers Post 112 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 applicant and parent/guardian acknowledge that the Walton County Sheriff's Office Human Resources will schedule random drug testing to include this member. This testing will be administered without advance notice.

Within five days of the office receiving positive testing results, applicant and parent/guardian will be notified in writing. The member will be referred to counseling and/or rehabilitation and suspended from all program activities until two consecutive test return negative results.

The Walton County 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 program.

We, the undersigned applicant 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.

Signature of Applicant: _____

Signature of Parent/Legal Guardian: _____

Witness: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of [] physical presence or [] online notarization, this ____ (Day) day of _____ (Month), ____ (Year), by _____ (Person making statement).

(NOTARY SEAL)
(Stamp)

(Signature of Notary Public-State of Florida)

(Name of Notary Typed, Printed, or

Personally Known ___OR Produced Identification ___Type of Identification
Produced _____



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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: _____



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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 an 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 Applicant: _____

Signature of Parent/Legal Guardian: _____

Witness: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of [] physical presence or [] online notarization, this _____(Day) day of _____ (Month), 20____ (Year), by _____ (Person making statement).

(NOTARY SEAL) (Signature of Notary Public-State of Florida) (Name of Notary Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____



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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? _____



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Termination Policy

I understand that I may be terminated from the Walton County Sheriff's Explorers Post at any time for violation of the following:

- Dress Codes
- Lack of Meeting attendance
- Conduct unbecoming of a member
- Acting or behaving privately or officially in such a manner as to bring discredit upon himself/herself and the Walton County Sheriff's Office
- Willful violation of any Federal Statute, State Law, or Local Ordinance.
- Unauthorized entrance into restricted areas of the Sheriff's Office
- Disobeying orders of Senior Advisors or Sheriff's Deputies
- Violation of agency orders, rules, and regulations
- Indifference to training, disciplinary reasons or reasons involving undesirable character traits



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Applicant's Certification

I understand that my Walton County Sheriff's Explorers Post 112 status will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be basis for my disqualification as an applicant or my dismissal as a member. 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 application shall become property of the Walton County 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 Walton County Sheriff's Office. I agree to conform to the rules, regulations and orders of the Walton County 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 prior 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, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature of Applicant: _____ Signature of Parent or Guardian: _____

Witness: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of [] physical presence or [] online notarization, this ____ (Day) day of ____ (Month), ____ (Year), by _____ (Person making statement).

(NOTARY SEAL)
Stamped)

(Signature of Notary Public-State of Florida)

(Name of Notary Typed, Printed, or

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____



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Consent to Release to Newspapers, TV, and Media

To publicize the achievements of the Walton County Sheriff's Explorers Post 112, and the great work they do for our community, we occasionally publish names, photographs, achievements and awards to local newspapers, TV, or other media. We may also post the information on the Walton County Sheriff's Explorers Post 112 social media page.

By signing this form, I consent to having my child's photo, name, awards and achievements published in the newspapers, newsletters, TV, Walton County Sheriff's Explorers Post website, or any other form of media.

Signature of Applicant: _____

Signature of Parent of Guardian: _____ Witness: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of [] physical presence or [] online notarization, this ____ (Day) day of ____ (Month), ____ (Year), by _____ (Person making statement).

(NOTARY SEAL) (Signature of Notary Public-State of Florida) (Name of Notary Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____