

LAW ENFORCEMENT
EXPLORER POST 2060



"Tomorrow's Leaders, Today"

MEMBERSHIP APPLICATION

Gary S. Borders, Sheriff
Lake County, Florida



**FOR QUESTIONS, OR TO RETURN YOUR COMPLETED
APPLICATION FOR PROCESSING, CONTACT:**

Deputy Sheriff Jason Matthews - (352) 742-4093

Detention Deputy Adam Dufresne – (352) 742-4006

Officer Charlotte Muniz – (352) 343-2101

Chief Mike Miller – (352) 343-3741

Email: explorers@lcso.org

Explorer Post Meetings are held twice monthly. Please call or email for updated meeting locations and times.

****Please call 2 days in advance to make sure the location has not changed.****

NOTE!! Make sure that you attach a current copy of your report card/high school diploma, or your application cannot be processed.

EXPLORERS
Lake County Sheriff's Office
Membership Application

-INSTRUCTIONS-

Application must be typewritten or printed legibly in ink. All questions, unless indicated must be completed. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size to the application, and number answers to correspond with questions. I understand that the submission of this application does not guarantee membership to the explorer program. If you have any questions, please contact: _____

-APPLICATION TYPE-

1. For what position are you applying? Check one:

_____ Explorer

_____ Advisor

A -PERSONAL INFORMATION-

1. Name: _____
Last First Middle Abbv.

2. Date Applying for admission to the explorer program: _____

3. Nicknames: _____

4. Place and date of birth: _____
Date City County State

5. Color of Eyes: _____ 6. Color of Hair: _____ 7. Age: _____

8. Sex: _____ 9. Weight: _____ 10. Height: _____

11. Social Security #: _____-_____-_____

12. Are you a United States citizen? If you are naturalized, give location and your naturalization #: _____
Location Naturalization #

B -RESIDENCE/ LOCATION INFORMATION-

1. Current residential address: _____
Address Apt #

City State Zip Phone: _____

2. If different, list your mailing address: _____
Address

City State Zip

3. Give Address previous to your current one: _____
_____ Phone: _____

4. Your Father's Name: _____
Address: _____ Phone: _____

Place of Work: _____ Work Phone: _____

5. Mother's Name: _____
Address: _____ Phone: _____

Place of Work: _____ Work Phone: _____

C -EDUCATION/TRAINING-

1. School Name: _____
Address: _____
Phone #: _____ Principal Name: _____
Last grade completed: _____ Grade Averages: English ____ Math: ____
Science ____ Social Studies ____ Student Identification #: _____

2. List any awards, honors, citations, positions held in school organizations
and any other special recognition that you have received in school?: _____

3. Have you ever been suspended or expelled for any reason from any school
that you have ever attended? If so give school and reason for such: _____

School	Number of times suspended/ expelled	Reason(s)

4. Have you graduated from High School or obtained a GED? If yes, continue.

If no, skip to the next applicable question: _____

5. Give the school name, location from which you graduated and your diploma type: _____

School City State Year Diploma type

6. Are you attending college or any type of studies at this time? If so list major and college/school attending: _____

School City State Major/Minor(s)

7. Have you been a member of another explorer post previously? If so, where and what type, and state your reason for leaving: _____

Location Post # Reason for leaving

8. List any miscellaneous training, skills, certifications, etc. that may benefit you in the explorer program: _____

D -EMPLOYMENT HISTORY-

1. Do you now, or have ever been employed at any paid position? If yes, continue, If no skip to the next section: _____

2. List your current employment, and two previous positions held, if applicable:

Name and Address of Employer Full/ Part Time Name of Supervisor Reason for Leaving

A. _____
B. _____
C. _____

3. Have you ever been terminated or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? If yes, provide details: _____

4. List any other employment information desired not covered by previous questions? _____

E -ARREST HISTORY-

1. Have you ever been arrested, charged, or received a notice or summons to appear for an criminal violation? _____
 2. To your knowledge, has any member of your immediate family ever been arrested for any criminal violation? _____
 3. Have you ever been detained by any law enforcement officer for investigative purposes, or, to your knowledge have you ever been the subject or suspect in any criminal investigation? _____
 4. If you have answered yes to questions 1, 2 or 3, please provide sufficient details here. Otherwise, skip this question: _____
-
-
-
-
-

F -DRIVING HISTORY-

1. Are you a licensed Florida automobile operator or restricted automobile operator? If yes continue. Otherwise skip to next section: _____
2. List your license type, number, expiration date, and any restrictions you may have: _____

License Type

License #

Date of Expiration

Restrictions

3. Have you ever had your drivers license suspended or revoked? If so give details of such: _____

4. Do you own a vehicle? If so list make, model, year and tag number: _____

Make	Model	Year	Tag Number
------	-------	------	------------

5. Do you have automobile accident insurance? If so list company name and policy number. Otherwise, skip to next section: _____
Name Policy #

G -PERSONAL REFERENCES & ORGANIZATION MEMBERSHIP-

1. Personal References: Give three (3) references (not relatives, former or current employers, fellow employees, or school teachers) who are responsible adults over 21 years of age who you have known for at least one (1) year. If retired, give former occupation.

Name	Years Acq.	Occupation	Phone #	Times to be reached
A. _____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____

2. Organization Membership: List all clubs, societies of which you are a member:

Name	City & State	Current/Former	Describe Activity
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____

H -MEDICAL HISTORY SECTION-

1. Give two people to contact in case of an emergency:

A. _____
Name Address City State

Zip Phone # Relation

B. _____
Name Address City State

Zip Phone # Relation

2. Give information about your family physician: _____
Name

Address City State Zip Phone #

3. Health History (check all that apply):

Diseases:	Allergies:	Recurring Illnesses:
Chicken Pox: _____	Hay Fever: _____	Ear Infections: _____
Measles: _____	Asthma: _____	Heart Disease: _____
German Measles: _____	Drugs: _____	Convulsions: _____
Mumps: _____	Ivy, Oak: _____	Diabetes: _____
Other: _____	Insects: _____	Behavior: _____
	Food: _____	Other: _____

4. If any of the above apply, give details: _____

5. Immunizations. Give the year of the last booster that you received for the following:

DPT (Diphtheria, Whooping Cough, Tetanus) _____

Tetanus _____

Oral Polio _____

Measles _____

