

LAW ENFORCEMENT

EXPLORER POST 60



"Tomorrow's Leaders, Today"

MEMBERSHIP APPLICATION



*Peyton C. Grinnell, Sheriff
Lake County, Florida*

www.lcso.org/explorers



facebook.com/lcsoexplorers

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

Master Deputy Daniel Unsworth - (352) 267-3039

Corporal Carlton Findley - (352) 805-9238

Sergeant Jason Matthews - (352) 742-3940

Email: explorers@lcsso.org

Explorer Post Meetings are held twice monthly, except for holidays. Please call, email, or visit us at www.lcsso.org/explorers for updated meeting location and scheduled times. (Please call us 2 days in advance!)

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

New Explorer Member Checklist:

- ___ Recruit fills out & returns complete application (include fees)
- ___ Recruit attends interview with post members/advisor
- ___ Recruit attends at least 3 explorer post business meetings
- ___ Recruit sworn in as an Explorer, and assigned to explorer squad
(Probationary period/seniority begins when sworn in)
- ___ Explorer attends new post member orientation

(New recruits are only able to attend limited post functions/training until sworn in, at the Senior Advisor's discretion.)

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: _____

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
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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 and associations 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 _____

