## LAW ENFORCEMENT

## **EXPLORER POST 60**



"Tomorrow's Leaders, Today"

### **MEMBERSHIP APPLICATION**



www.lcso.org/explorers



## 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@lcso.org

Explorer Post Meetings are held twice monthly, except for holidays. Please call, email, or visit us at www.lcso.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.)

# EXPLORERS Lake County Sheriff's Office Membership Application

#### -INSTRUCTIONS-

Application must be typewritten or printed legibly in  $\underline{ink}$ . 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 us: (numbers above)

	-APPLICATION TYPE-						
1.	For what position are yo	ou applying? Che	eck one:				
	Exp	olorer		_ Advisor			
		<b>A</b> -PERSONAL INF	'ORMATION-				
1.	Name: Last	First	Middle	Abbv.			
	Date Applying for admiss	sion to the expl	orer program:				
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 #:	<del>-</del>					
12	. Mobile/Cell #:	1	.3. Email:				
14	. Facebook/Twitter/Instag	gram accounts: _					
15	. Are you a United States	s citizen? If yo	ou are natural	ized, give lo	cation		
and	d your naturalization #:						
	_		Location N	Naturalization #			
1.	B -RE	SIDENCE/ LOCATIO	ON INFORMATION	1-			
		Addres	S		Apt #		
	City: Obsta	Zip	Phone: _		<del></del>		
	City State	7Tb					

2.	If different, list your mailing add	
		Address
	City State Zip	
	-	
3.	Give Address previous to your curre	nt 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 -EDUCATI	ON/TRAINING-
1.	School Name:	
	Address:	
	Address:	
	Phone #:	Principal Name:
	Last grade completed:	Grade Averages: English Math:
	Science Social Studies	Student Identification #:
	<del>_</del>	
2.	List any awards, honors, citations,	positions held in school organizations
	and any other special recognition t	hat you have received in school?:
3.	Have you ever been suspended or exp	elled for any reason from any school
	that you have ever attended? If so	give school and reason for such:
	TI Se	<u></u>
	School Number of times suspe	nded/ expelled Reason(s)

4. Have you graduated from High School or obtained a GED? If yes, con								
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								
ъ.	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							
7\								
	<u> </u>							
В.	<u> </u>							
С.	<del></del>							
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:							

List a	ny other employment information desired not covered by previous
questi	ons?
	T
	E -ARREST HISTORY-
Have y	ou ever been arrested, charged, or received a notice or summons to
appear	for an criminal violation?
To you	r knowledge, has any member of your immediate family ever been
arrest	ed for any criminal violation?
Have y	ou ever been detained by any law enforcement officer for
invest	igative purposes, or, to your knowledge have you ever been the
subjec	t or suspect in any criminal investigation?
If you	have answered yes to questions 1, 2 or 3, please provide sufficient
detail	s here. Otherwise, skip this question:
	F -DRIVING HISTORY-
Are yo	u a licensed Florida automobile operator or restricted automobile
operat	or? If yes continue. Otherwise skip to next section:
_	our license type, number, expiration date, and any restrictions you
may ha	License Type License # Date of Expiration

3.	Have yo	ou ever	had your	drivers	iicense s	uspenaea	or rev	oked? I	f so give
	details	s of suc	eh:						
4.	Do you	own a v	ehicle? :	If so lis	st make, m	odel, ye	ar and	tag num	ber:
	Make		Model		Year			Tag Number	<u> </u>
5.	Do you	have au	tomobile	accident	insuranc	e? If so	list c	ompany	name and
	policy	number.	Otherwis	se, skip	to next s	ection:			
							Name	Ро	licy #
		G ·	-PERSONAL	REFEREN	CES & ORGI	NIZATION	MEMBER	SHIP-	
1	Domaon								former on
Ι.					e (3) rele				former or
	Curren	с ешртоу	ers, iei.	rom embro	oyees, or	school to	eachers	) who a	re
	respons	sible ad	lults over	r 21 year	s of age	who you	have kn		
:	respons	sible ad	lults over If reti	r 21 year red, give	_	who you i ccupation	have kn n.	own for	at least
	respons one (1)	sible ad	lults over If reti	r 21 year red, give	rs of age e former o	who you i ccupation	have kn n.	own for	at least
	respons one (1)	sible ad	ults over	r 21 year red, give	cs of age is former of Occupation	who you i ccupation	have kn n.	own for	at least
	respons one (1)	sible ad	ults over	r 21 year red, give	rs of age e former o	who you i ccupation	have kn n.	own for	at least
Α.	respons one (1)	sible ad	ults over	r 21 year red, give	cs of age is former of Occupation	who you i ccupation	have kn n.	own for	at least
А. В. С.	respons one (1)  Name  Organi:	sible action M	lults over	r 21 year red, give Years Acq.	cs of age is former of Occupation	who you coupation  Phone :	have kn	own for	at least  De reached
А. В. С.	respons one (1)  Name  Organi:	sible action M	If reting	r 21 year red, give Years Acq.  Years Acq.  P: List a  ate	of age of former of Occupation Oc	who you coupation  Phone societion  societion	have kn n.	own for	at least  De reached  tions of
а. в. с.	Organia which	zation M	lembershing a member	r 21 year red, give Years Acq.  Years Acq.  The second of	Occupation	who you coupation  Phone societion  societion	have kn n.	own for	at least  De reached  tions of
а. в. с.	Organia which	zation M	If reting	r 21 year red, give Years Acq.  Years Acq.  The second of	Occupation	who you coupation  Phone societion  societion	have kn n.	own for	at least  De reached  tions of
а. в. с.	Organia which	zation M	lembershing a member	r 21 year red, give Years Acq.  Years Acq.  D: List a  ate	Occupation	who you coupation  Phone societion  societion	have kn n.	own for	at least  De reached  tions of

#### H -MEDICAL HISTORY SECTION-

1. Give two people to contact in case of an emergency: Address State City Phone # Relation Address Phone # Relation 2. Give information about your family physician: \_\_\_\_\_ City Address State Phone # 3. Health History (check all that apply): Diseases: Allergies: Recurring Illnesses: Hay Fever: \_\_\_\_ Ear Infections: \_\_\_\_ Chicken Pox: Measles: Asthma: Heart Disease: German Measles: \_\_\_\_\_ Drugs: \_\_\_\_ Convulsions: \_\_\_\_ Mumps: Ivy, Oak: \_\_\_\_ Diabetes: \_\_\_\_\_ Behavior: \_\_\_\_ Other: Insects: Other: \_\_\_\_ Food: \_\_\_\_ 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

	Smallpox		
	Rubella		
	Other		
	Tuberculin Test Type:	Result:	
6.	Have you had any Operations or serious inju	uries? If so give	e type and date
	occurred:		
7.	Has it ever been necessary to take regular	medicine? If so	give details of
	such:		
			<del> </del>
8.	Do you, or have you ever had any medical co	ondition that rec	quired(s)
	medical care? If so, give details of such	condition:	
	,		
9.	Do you have medical and/ or health insurance	ce? If so give co	ompany name and
	policy number:	Pc	plicy #
10	. Give the date of your last physical examin	nation:	-

#### I -DOCUMENTS TO BE ATTACHED TO APPLICATION-

- 1. Attach a copy of your current report card issued by your school, OR a copy of your high school diploma or G.E.D. certificate.
- 2. One other Form of Identification (Driver's License, Identification Card, Social Security Card, Birth Certificate, Passport, etc)
- 3. The Explorer Post 60 Application fee is currently \$48.00. This non-refundable fee includes insurance fees, administrative costs, background check, and uniforms. Please include cash, or check/money order made payable to LCSO Explorer Post 60.

#### EXPLORER POST 60 APPLICANT'S, PARENTS, AND ADVISOR'S CERTIFICATION-

#### (Read carefully before signing)

-I certify there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I further agree and consent without cause or hearing if any of the above contains any falsification that my application shall be voided and my membership terminated.

-Furthermore, I certify that the Sheriff's Office of Lake County, Florida, the Sheriff himself, and any members thereof, cannot be held civilly liable for any damages, injuries or losses incurred.

-Finally, I also consent to a background investigation to be performed by the Lake County Sheriff's Office. I understand that I will be placed on a waiting list and notified when this investigation is complete.

-Parent and/or Legal Guardian Permission Section-

(FOR EXPLORERS AND GUESTS, UNDER 21 YEARS OF AGE, PARTICIPATING IN AN

#### EXPLORER POST TRIP OR ACTIVITY.)

in all Explorer Post functions on all dates that he/ she is able to attend.

I know of no health or health restriction(s) that preclude his or her

participation. In the event of illness or injury occurring to my son or daughter while involved in this activity, I consent to x-ray examination, anesthesia, medical or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.						
-SIGNATURE SI	ECTION-	-NOTARY SEA	L-			
I acknowledge and ceabove information.	rtify all of the					
Explorer Applicant	Date	Notary Seal				
Parent/ Legal Guardian	Date	Sworn and Subscribed this day of 20				
Post Advisor	 ID# Date	Notary Public	 Date			

has my permission to participate