Alexander County Sheriff's Office Explorer Post 273 Membership Application

This application must be filled out by the interested applicant and in black ink.

Applicant Information						
Full Name:						
Address:						
City:				Zip Code:		
lome Phone: Cell Phone:						
Email:						
Place of Birth:			Date of Birth:			
Driver's License/Learners Permit Number:			Date of Expiration:			
List any Restrictions:						
Parent Information						
Father's Name:						
Father's Address:						
City:				Zip Code:		
me Phone: Cell Phone						
mail:			Work Phone:			
Mother's Name:						
Mother's Address:						
City:				Zip Code:		
Home Phone:	Cell Phone	:				
Email:		Work	Phone:			

General Information					
Are you a Student? YES / NO	Circle one: PA	RT TIME / FULL TIME			
Name of School:	Grade:	Principal:			
List participation in School Sports:					
List hobbies and activities:					
List and rewards you have received:					
Are you Employed? YES / NO	Circle One: F	ART TIME / FULL TIME			
Name of employer:	Phone:				
List any traffic charges (Even if charge was dropped or dismissed):					
List any criminal charges(Even if charge was dropped or dismissed):					
Have you ever been detained or questioned by law enforcement? YES	/ NO If so explain.				
Do you have any relatives employed with the Alexander County Sheriff's Office or with any other law enforcement agency, either as a police officer or in any other capacity? YES / NO					
How did you become interested in the Alexander County Sheriff's Office Explorer Post 273?					
Will you be able to attend meetings twice a month held on Tuesday nights? YES / NO If no, why?					
Will you be available on weekends for additional training and/or special events? YES / NO					
Will you have problems with transportation to and from meetings and special events? YES / NO If yes, why?					
Will you have any problems taking orders form male or female members of the post that are in a supervisory position that may be younger or older than you? YES / NO					
Have you been or are currently a member of any other explorer post or boy scout group? YES / NO If yes, name of post or troop.					
Are you a member of any other volunteer agency? YES / NO If so, what?					
Acknowledgement					
The information given by me in this application is true and correct to the best of knowledge and belief. I understand that if I willingly give any false information that I will not be considered for membership with the Alexander County Sheriff's Office Explorer Post 273.					
Signature of applicant:		Date:			
Signature of parent:		Date:			

Alexander County Sheriff's Office Explorer Post 273 Medical Form

General Information					
Full Name:					
Address:					
City:			State:	Zip Code:	
How long has it been since your last physical examination	n?				
Who is your family doctor?		Doctors Ph	none:		
List Family Insurance Carrier name:					
Group #:	ID #: Name of Parent member cov				
Do you have any allergies? YES / NO If yes, please list allergy and reaction.					
Do you have any reaction(s) to insect bites, poison ivy, e	tc.? YES / NO				
List any chronic illnesses (diabetes, heart disease, etc.)					
Do you wear glasses or contact lenses? YES / NO					
Do you take any prescription medication? YES / NO If yes, please list medications, reason for medication, and prescribing doctor?					
List any physical problems or restrictions that would limit participation in any activity?					
Emergency Contact					
Name of a person not residing with you:					
Relationship					
Address:					
ty: State: ZIP Code:					
Home Phone: Cell Phone:					
Email: Work Phone:					
Acknowledgement					
The information given by me in this application is true an information that I will not be considered for membership					
Signature of applicant:				Date:	
Signature of parent:				Date:	

YOUTH PARTICIPANT				Post number:
If applicant has an unexpired participant	certificate, participation ma	ay be accomplished in this	unit by paying \$1 for processing	ng the transfer. Mark and attach certificate. It will be returned by the council.
Transfer application	Transfer from council No.:			Post number:
Name and address information (Please p	print one letter in each sp			Lock source Coefficient
First name (No initials or nicknames)		Middle nam	ne 	Last name Suffix
Country Mailing address			City	State Zip code
Phone	Date of birth	(mm/dd/yyyy)	Grade	Ethnic background:
П - П - П	 	/	$\neg \sqcap$	O Black/African American O Native American O Alaska Native O Asian
School				O Caucasian/White O Hispanic/Latino O Pacific Islander O Other
				Gender: O Male O Female
Email address				_
		@		
Parent/guardian information	O P	0.000	0.0	0.01(1/2)
Select relationship: (Sirect relationship)	O Parent	Guardian Middle nam	Grandparent	Other (specify) Last name Suffix
That halle (No lilitals of flicklatiles)		Wildie Hair	$\ddot{1}$	
Country Mailing address			City	State Zip code
Home phone	Date of birth (mm/dd/yyyy)	Occupation	Employer Gender:
		/		OM OF
Business phone	Ext.	Previous Exploring 6	experience	Cellphone
<u> П</u> - П - П	ТПхПП			
Parent/guardian email address				
		@		
				I have read the attached information sheet and approve the application
			1,	(signature of parent/guardian required if applicant is under 18 years of age).
		L		
Signature of post leader		Date		Signature of parent/quardian

__ Credit card

Signature of Explorer

Policy and Procedure Agreement

	Regulations, Polices, and Procedures of the er Post 273 and agree to abide by those Rules,
Explorer's Signature	Date
Parent or Guardian Signature	 Date
<u>Ho</u>	<u>ld Harmless</u>
Alexander County Sheriff's Office Explore harmless the Alexander County Sheriff's including any and all Law Enforcement O supervision and control of the Alexander any claims of any kind whatsoever or any the property of, his/and hold harmless agreement shall be county and all liability on the part of the County of employees, and particularly the Law Enfo and control as set forth herein above. I a Sheriff's Office Explorer Post 273 the right	Office, its agencies and employees, specifically officers or personnel involved with the County Sheriff's Office Explorer Post 273 from a nature for injury to the person or damage to her parents, siblings, or heirs. This indemnity considered a complete and total wavier of any of Alexander, its servants, agents, or precedent Officers engaged in the supervision also herby release the Alexander County at to publicize, photograph, videotape, and/or Alexander County Sheriff's Office Explorer Positive County Sheriff's Office Explorer
Explorer's Signature	Date
Parent or Guardians Signature	 Date