

Alexander County Sheriff's Office Explorer Program Membership Application

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

Applicant Information

Full Name:

Address:

City:

State:

Zip Code:

Home 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:

State:

Zip Code:

Home Phone:

Cell Phone:

Email:

Work Phone:

Mother's Name:

Mother's Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Email:

Work Phone:

General Information

Are you a Student? YES / NO		Circle one: PART 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: PART 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 Program?			
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 Program.

Signature of applicant:	Date:
Signature of parent:	Date:

Alexander County Sheriff's Office Explorer Program Medical Form

General Information

Full Name:

Address:

City:

State:

Zip Code:

How long has it been since your last physical examination?

Who is your family doctor?

Doctors Phone:

List Family Insurance Carrier name:

Group #:

ID #:

Name of Parent member covered:

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, etc.? 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:

City:

State:

ZIP Code:

Home Phone:

Cell Phone:

Email:

Work Phone:

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 Program.

Signature of applicant:

Date:

Signature of parent:

Date:

Policy and Procedure Agreement

By signing below I understand all Rules, Regulations, Polices, and Procedures of the Alexander County Sheriff's Office Explorer Program and agree to abide by those Rules, Regulations, Polices and Procedures.

Explorer's Signature

Date

Parent or Guardian Signature

Date

Hold Harmless

The undersigned, parents or guardians of _____, a participant of Alexander County Sheriff's Office Explorer Program, hereby indemnifies and holds harmless the Alexander County Sheriff's Office, its agencies and employees, specifically including any and all Law Enforcement Officers or personnel involved with the supervision and control of the Alexander County Sheriff's Office Explorer Program from any claims of any kind whatsoever or any nature for injury to the person or damage to the property of _____, his/her parents, siblings, or heirs. This indemnity and hold harmless agreement shall be considered a complete and total wavier of any and all liability on the part of the County of Alexander, its servants, agents, or employees, and particularly the Law Enforcement Officers engaged in the supervision and control as set forth herein above. I also herby release the Alexander County Sheriff's Office Explorer Program the right to publicize, photograph, videotape, and/or broadcast my name as a member of the Alexander County Sheriff's Office Explorer Program, and all other matters incidental thereto.

Explorer's Signature

Date

Parent or Guardians Signature

Date