## **Alexander County Sheriff's Office Explorer P**rogram **Membership Application**

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

Applicant Information							
Full Name:							
Address:							
City:				Zip Code:			
Home Phone:	one: Cell Phone			:			
Email:							
Place of Birth:			Date of Birth:				
river's License/Learners Permit Number:			Date of Expiration:				
List any Restrictions:							
Parent Information							
Father's Name:							
Father's Address:							
City:				Zip Code:			
Home Phone:	Cell Phone			4			
Email:				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: PAR	T TIME / FULL T	IME	
Name of School:	Grad	le:	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			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 O other capacity? YES / NO	office o	r with any other law	enforcement age	ncy, either as a police officer or in any	
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 binformation that I will not be considered for membership with the Alexand				hat if I willingly give any false	
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	n?					
Who is your family doctor?		Doctors Ph	none:			
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, 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:						
City:	State:		ZIP Code:	ZIP Code:		
dome 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:		

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	/	<b> </b>	$\neg \sqcap$	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**

, , ,	ules, Regulations, Polices, and Procedures of the xplorer Program and agree to abide by those Rules, es.
Explorer's Signature	 Date
Parent or Guardian Signature	 Date
	Hold Harmless
Alexander County Sheriff's Office Exharmless the Alexander County Sherincluding any and all Law Enforcem supervision and control of the Alexa any claims of any kind whatsoever of the property of and hold harmless agreement shall and all liability on the part of the Comployees, and particularly the Law and control as set forth herein above Sheriff's Office Explorer Program the	ans of, a participant of explorer Program, hereby indemnifies and holds eriff's Office, its agencies and employees, specifically ent Officers or personnel involved with the ender County Sheriff's Office Explorer Program from or any nature for injury to the person or damage to, his/her parents, siblings, or heirs. This indemnity be considered a complete and total wavier of any unty of Alexander, its servants, agents, or a Enforcement Officers engaged in the supervision e. I also herby release the Alexander County e right to publicize, photograph, videotape, and/or of the Alexander County Sheriff's Office Explorer ental thereto.
Explorer's Signature	Date
Parent or Guardians Signature	 Date