

Law Enforcement Explorer

Application Package

***DO NOT PRINT DOUBLE SIDED***

**Nassau County Sheriff’s Office**

### 77151 Citizens Circle

**Yulee, Florida 32097**

**904-225-0331**

**Human Resources 904-548-4012**



**To the Explorer Applicant:**

Law Enforcement Exploring provides educational training on the purposes, mission, and objectives of law enforcement. The program provides career orientation experiences, leadership opportunities, and community service activities.

LAW ENFORCEMENT EXPLORING:

The intent of law enforcement exploring is to educate and involve youth in police operations, to interest them in possible law enforcement functions whether they enter policing or not. Through involvement, the law enforcement explorer program establishes an awareness of the complexities of police service.

PROGRAM OBJECTIVES:

Explorers are given the opportunity to broaden their understanding and gain first hand knowledge of the challenges and job skills that make up their community's police service. The explorer program will encourage the individual to continue their education, encourage the explorer to participate in rewarding and productive community service activities, and to help the explorer prepare for their future roles as citizens and community members.

TRAINING:

The explorers are involved in many different training exercises to assist them in their activities. The following is a list of some of the training exercises offered:

* Guest speakers and instructors from the Sheriff's Office and surrounding agencies.
* Training in First-Aid, C.P.R., and Emergency Preparedness.
* Sheriff's Explorer Academy.
* A ride-along program, which places the Explorer in cars with the deputies during reasonable hours and conditions as well as other law enforcement capacities. The Explorers are eligible for this program after they have completed the Sheriff's Explorer Academy.

ELIGIBILITY REQUIREMENTS:

The following is a list of qualifications that are required of all individuals who are interested in becoming an Explorer:

1. Be of good moral character.
2. Maintain a respect for law enforcement.
3. Maintain school attendance.
4. Be attending or have graduated from high school or college.
5. Maintain a 2.0 grade point average, if still enrolled in high school or college. (the latest report card must be submitted to the Post Senior Advisor upon application)
6. Be between thirteen and twenty one years of age.
7. Must pass a criminal background check and be a current resident of Nassau County.

Upon completion and submission of your application you will await contact regarding your eligibility as an Explorer. If you are an eligible candidate an interview will be scheduled as a final step to determine eligibility as well as to serve as interview training and explorer orientation.

If you have any questions, please contact the Nassau County Sheriff's Office, Human Resources/Explorer Unit at (904) 548-4012 or (904) 225-0331.

**INSTRUCTIONS:** Application must be typewritten or printed legibly in BLACK or BLUE INK. All questions must be answered; if a question is not applicable, so state and indicate N/A (not applicable). Incomplete applications or illegible will not be considered. Use additional pages if necessary. **Does not print application double sided**. Upon completion, please return to NCSO’s Explorer Unit at the address listed on the cover of this application package.

APPLICANT NAME:

RACE:

SEX:

DATE OF BIRTH:

PLACE OF BIRTH:

DRIVERS' LICN. #:

STATE:

EXP:

STREET ADDRESS:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

PARENT*(legal-guardian)* NAME:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

LIST ALL OTHER NAMES EVER USED AND CIRCUMSTANCES IN WHICH THE NAME(S) WERE USED. INCLUDE NICKNAMES:

HIGH SCHOOL:

CITY:

COLLEGE:

CITY:

HAVE YOU EVER BEEN EXPELLED OR SUSPENDED FROM ANY SCHOOL? Y/N

IF SO, REASON(S) WHY:

HAVE YOU EVER BEEN ARRESTED, CHARGED WITH A CRIME, OR BEEN A SUSPECT IN

A POLICE INVESTIGATION?

YES:

NO:

EXPLAIN:

LIST ALL TRAFFIC VIOLATIONS:

CAN WE CONTACT YOUR SCHOOL FOR YOUR RECORDS AND REFERENCES?

YES:

NO:

LIST ANY PREVIOUS EXPLORING OR SPECIAL TRAINING BACKGROUND:

LIST ALL PLACES OF EMPLOYMENT: (Attach additional sheet if needed)

BUSINESS:

CITY:

PHONE: ( ) -

DATES OF EMPLOYMENT:

REASON FOR LEAVING:

BUSINESS:

CITY:

PHONE: ( ) -

DATES OF EMPLOYMENT:

REASON FOR LEAVING:

LIST HONORS, AWARDS, ACHIEVEMENTS, POSITIONS HELD IN SCHOOL, ORGANIZATIONS, AND ANY OTHER SPECIAL RECOGNITION YOU'VE RECEIVED IN ANY ORGANIZATION:

LIST ANY SPECIAL ABILITIES, INTEREST, AND HOBBIES WITH DEGREE OF PROFICIENCY:

LIST ALL CLUBS, SOCIETIES OF WHICH YOU ARE OR HAVE BEEN A MEMBER: NAME:

CITY:

TYPE:

NAME:

CITY:

TYPE:

NAME:

CITY:

TYPE:

Are you now or have you ever been a member of any organization or group of persons, which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States of America

Yes:

No:

If yes, explain:

GIVE (3) THREE PERSONAL REFERENCES OVER THE AGE OF (18) (excluding relatives): NAME:

AGE:

YRS. KNOWN:

PHONE/Email:

NAME:

AGE:

YRS.KNOWN:

PHONE/Email:

NAME:

AGE:

YRS. KNOWN:

PHONE/Email:

DO YOU HAVE ANY PHYSICAL DEFECTS, HEALTH LIMITATIONS, OR SPECIAL CONSIDERATIONS, WHICH WOULD PROHIBIT PARTICIPATION IN ALL PHASES OF FIREARMS TRAINING, PHYSICAL TRAINING, AND DEFENSIVE TACTICS? IF SO, EXPLAIN?

ARE YOU FREE OF ILLEGAL SUBSTANCE ABUSE?

YES:

NO:

HAVE YOU EVER BEEN ARRESTED OR CONVICTED FOR THE USE OF SALE OF DRUGS YES:

NO:

HAVE YOU EVER BEEN HOSPITALIZED OR TREATED FOR ALCOHOL OR SUBSTANCE

ABUSE?

YES:

NO:

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF CHILD NEGLECT OR ABUSE?

YES:

NO:

OTHER THAN THE ABOVE MATTERS, ARE THERE ANY FACTS OR CIRCUMSTANCES INVOLVING YOU OR YOUR BACKGROUND THAT WOULD PRECLUDE YOU FROM BEING INVOLVED WITH THE NASSAU COUNTY SHERIFF'S OFFICE EXPLORER

PROGRAM?

YES:

NO:

IF YES, EXPLAIN:

HAVE YOU EVER USED, SOLD OR EXPERIMENTED WITH ANY ILLEGAL DRUGS?

YES:

NO:

IF YES, EXPLAIN:

HAVE YOU EVER BEEN TREATED FOR OR DO YOU HAVE ANY HISTORY OF MENTAL OR EMOTIONAL ILLNESS?

YES:

NO:

IF YES, EXPLAIN:

HOW MANY DAYS HAVE YOU BEEN ABSENT FROM WORK OR SCHOOL IN THE LAST

THREE (3) YEARS?

WORK:

SCHOOL:

EXPLAIN:

LIST TWO PERSONS TO CALL IN CASE OF AN EMERGENCY - OTHER THAN PARENTS: NAME:

RELEATIONSHIP:

PHONE:

NAME:

RELEATIONSHIP:

PHONE:

### INFORMATION/IMAGE DISCLOSURE CONSENT

By signing below, I do hereby give permission to the Nassau County Sheriff's Office to use photographs and/or video images of my child for media coverage, or for any other use deemed appropriate by the sheriff’s office.

By initialing the spaces below, I specifically authorize the use and/or disclosure of the following information:

My name and age [ ]

The names and ages of my family members [ ]

The circumstances surrounding the release of my child's information [ ]

General school or employment information that may relate to the Explorer Program [ ]

My city, county, or state of residence [ ]

**Applicant's Signature:**

**Date:**

**Parent/Guardian Signature:**

**Date:**

**(if under 18 years of age)**

### EXPLORER OBLIGATION (UNIFORM AND EQUIPMENT)

The Nassau County Sheriff's Office along with the Nassau County Sheriff's Office Explorers, have purchased uniforms and other related equipment to assist the Explorers in their training and duties.

Upon an Explorer leaving the unit, he/she is responsible for returning ALL EQUIPMENT ISSUED to him/her in good condition (including NCSO/Explorer ID tag). In the event that the equipment becomes damaged due to negligence on the part of the Explorer, the cost of repair or replacement will be responsibility of the Explorer, his parent or guardian (if under 18). Effective May 1, 2018, if an Explorer leaves within 6 months of being issued a uniform the Explorer, his parent or guardian (if under 18), will be responsible for returning all uniform items as well as the cost of those items.

If this obligation is not met within ten (10) days of the date of resignation or termination, the parent/guardian of the explorer will be billed for the cost of any unreturned or damaged equipment. In addition, the State Attorney's Office may be contacted for criminal prosecution.

The Explorer will be responsible for purchasing a pair of black leather shoes or boots, which can be polished, black tennis shoes, Olive Green BDU pants, and a black Nylon Velcro belt. These items are not required to be returned to the Sheriff’s Office.

The above policy is necessary, in the view of safety and the ever increasing cost for replacement of uniforms and equipment. Your cooperation, therefore, will indeed be appreciated.

I, the parent/guardian of Explorer **\*Explorer Name Here\***

Do hereby understand and agree to the obligation as stated above.

**Applicant's Signature:**

**Date:**

**Parent/Guardian Signature:**

**Date:**

**(if under 18 years of age)**

### EXPLORERS NAME:

Social Security Number:

Date of Birth:

Medical History (check if applicable)

Asthma [ ]

Fainting Spells [ ]

Convulsions [ ]

Back Pain [ ]

Diabetes [ ]

Heart Trouble [ ]

Bleeding Disorder [ ]

Neck Pain [ ]

Please provide any medical condition, allergies to food or medication, or any condition, which might require care, medication, or special diet:

Primary Physician:

Telephone:

Hospital of Preference:

Health Insurance Company:

Health Insurance Policy Number:

### Emergency Contacts:

Primary:

Name/Relationship:

Address:

City:

ST:

Zip:

Home Phone:

Work Phone:

Other Phone:

Secondary:

Name/Relationship:

Address:

City:

ST:

Zip:

Home Phone:

Work Phone:

Other Phone:

Other Emergency Contact:

Name:

Phone:

\*\*IF PARTICIPANT IS UNDER THE AGE OF 18:

I hereby attest that I am the parent/legal guardian of Explorer **\*Explorer Name\***, I give my permission to a representative of the Nassau County Sheriff's Office to seek medical treatment for him/her in the event of an injury or illness while he/she is attending an authorized function of the Nassau County Sheriff's Office Explorer Program

Print Name of Parent or Guardian:

Signature of Parent or Guardian:

Date:

State of Florida, County of **\_\*County Name\*\_**

The foregoing was acknowledged before me this **\*Current Day\*** day of **\*Current Month\***, **\*Current Year\*** by **\*Parent Name\*** who is personally known to me or has produced by

**\*Identification Type\*** as identification, and who did/did not take an oath.

NOTARY PUBLIC:

My Commission Expires:



### NASSAU COUNTY SHERIFF’S OFFICE EXPLORER PROGRAM GENERAL RELEASE AND WAIVER OF LIABILITY

The undersigned participant, **\*PRINT NAME\***, a volunteer participant of the Nassau County Sheriff’s Office Explorer Program (hereafter “NCSO EP”), in consideration for the privilege of participation with, and becoming a member of, the NCSO EP, the receipt and sufficiency of consideration is hereby accepted and acknowledged, do hereby release, waive, satisfy, and forever discharge and settle any and all claims, demands, causes of action, suits, controversies, judgments or damages of any kind or nature whatsoever, in law or in equity, which exist or may arise against Bill Leeper as Sheriff of Nassau County, or his successors, heirs, assigns, employees, appointees or agents, relating to any and all participation, or NCSO Charities, Inc., or its Directors or members, or their successors, assigns, employees, appointees or agents, relating to any and all participation in whatever activity or form, as a volunteer civilian member of the NCSO EP, including but not limited to, injury, illness or death, and/or damage to, or loss of, personal property.

The undersigned has full understanding and appreciation of all risks and dangers associated with the NCSO EP, including but not limited to, the use of firearms, participating in a “ride-along” program with Deputy Sheriff’s while answering calls for service or performing other law enforcement tasks, volunteering at NCSO functions, participating in physical fitness training and exercise programs, attending retreats or other organized outings such as Explorer Delegates Meetings and Florida Sheriff’s Explorer Association meetings and boot camps, or classroom and practical instruction or exercises. The undersigned hereby assumes all risks of personal injury, death, property damage or other loss that might arise from my participation in the aforementioned.

This General Waiver and Release of Liability (hereafter “Release”) shall be binding upon the undersigned and his/her respective heirs executors, administrators, personal representatives, successors, assigns, agents or employees. This Release will be subject to, and governed by, the laws of the State of Florida. This Release has been read and fully understood by the undersigned.

It is acknowledged and agreed the undersigned has voluntarily, knowingly, and willingly executed this Release.

Signature of Explorer:

Date:

Sworn to and subscribed before me this **\*Current Day\*** day of **\*Current Month\***, **\*Current Year\***, by**\*PRINT NAME\*** who is [ ] personally known to me or [ ] produced

**\*Identification Type\*** as identification, and who acknowledged to and before me that he executed the foregoing document freely and voluntarily for the purposes therein expressed.

Notary Public, State of Florida:

My Commission Expires:

Signature of Parent of Explorer:

Date:

Sworn to and subscribed before me this **\*Current Day\*** day of **\*Current Month\***, **\*Current Year\***, by**\*PRINT NAME\*** who is [ ] personally known to me or [ ] produced

**\*Identification Type\*** as identification, and who acknowledged to and before me that he executed the foregoing document freely and voluntarily for the purposes therein expressed.

Notary Public, State of Florida:

My Commission Expires:

**A Copy of your most current report card must be submitted with this application!**

**This page *is not* to filled out by applicant!**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NCSO Explorer Advisor** |  | **Report Card Date** |  | **GPA** |
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***Explorer Information***

**I.D. #:**

***Assigned by HR***

**Start/Interview Date:**

***Designated by Explorer Advisor***

### First Name:

### Middle Name:

### Last Name

### Date of Birth:

### DL # :

**Home (Physical) Address:**

**Mailing Address:**

**Sex:**

**Blood Type:**

**Allergies:**

**Email address:**

**Home Phone:**

**Cell Phone:**

**Reports To: Explorer Advisors**

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#### Emergency Contact Information: Name:

#### Relationship:

#### Home Phone:

#### Cell Phone:

***Address:***

***Parent/Guardian Signature:***

***Date:***

NCSO Explorer Medical Consent Form

# In case of emergency, the Nassau County Sheriff’s Office Explorer representative has my consent to authorize medical care for my child,

**\*PRINT NAME\*.**

Our family physician is:

Contact information:

Known Allergies:

Parent/Guardian Contact information:

NAME:

PHONE #

ADDRESS:

## I hereby grant permission to the Nassau County Sheriff’s Office representative to

*consent to first aid, emergency medical care and all other medical or surgical care they deem reasonably necessary to the health and well being of my child. Also, if necessary for executing such care, I grant permission for hospitalization at an accredited hospital.*

Parent/Guardian Signature:

Date Signed: