Dear Explorer Applicant,

We are pleased that you have shown interest in the Calhoun County Sheriff’s Office Explorer Program. The Explorer program is the best program that young men and women can become involved in to learn about a future in law enforcement. We hope that you will be able to attend our scheduled meeting and become a member of this worthwhile and rewarding program.

The Calhoun County Sheriff’s Office Explorer Program is set up as an introduction to various phases of law enforcement. It is sponsored by the Calhoun County Sheriff’s Office. The Calhoun County Sheriff’s Office Explorer Program is directed by Calhoun County Sheriff’s Office sworn personnel.

To begin the application process, please complete the enclosed application and bring it with you to one of our meetings or to the Sheriff’s Office located at the Historic Courthouse, 20776 Central Avenue East, Blountstown, Florida 32424.

Explorer meetings are held periodically. The meeting usually last about two hours and are held at the Calhoun County Sheriff’s Office located at the Historic Courthouse, 20776 Central Avenue East, Blountstown, Florida 32424.

If you have further questions, please contact Sheriff Glenn Kimbrel, Post Advisor at 850-674-5049 or e-mail at explorers@calhounsheriff.com.

Our website also contains information regarding our program. Please visit it at [www.calhounsheriff.com](http://www.calhounsheriff.com).

Sincerely,

*Sheriff Glenn Kimbrel*

### A few things you should know about the Calhoun County Sheriff’s Office Explorer post prior to joining:

You must meet all of the requirements to join the Explorer Program prior to applying, such as: school grades, no serious arrests or convictions, good moral character, etc.

If accepted into the Explorer Program, you will be expected to maintain these standards throughout your stay in the Explorer Post. If you do not maintain these standards, you could be removed from the program.

If accepted in the Explorer Program, you will be required to purchase a uniform within one month of acceptance. The uniform will consist of black BDU pants, black boots, one nylon under-belt and one nylon duty belt. This uniform can be costly, therefore, until a uniform is acquired, you will be required to wear a white polo style shirt, black pants, and black shoes to meetings and trainings. Another part of the uniform that is considered mandatory is a small pocket notebook and two black ink pens, which will be provided for you and should be with you at every meeting unless instructed otherwise.

If accepted into the Explorer Program, you will be required to maintain good grooming standards on hair length and appearance, facial hair, and general appearance. These standards are to be met by the next meeting after you have been accepted. These standards will also be maintained throughout your stay in the Explorer Program or you could be removed.

As an Explorer, you will be required to accept constructive criticism and occasional discipline. The discipline for minor infractions may include, but is not limited to memos, pushups and/or running. You must be willing to accept and perform the assigned discipline when asked. Any occurrence of dishonesty, and/or deception is grounds for immediate termination from the Explorer Program.

The Calhoun County Sheriff’s Office Explorer Program has and maintains high standards. We expect all of our members to be proud of who they are and proud to belong to this organization. We will not make exceptions to our high standards as we do have a reputation to live up to.

Therefore, if you do not feel that you are capable of following these simple rules and requirement, we suggest that you reconsider applying for this program. If you do feel that you can follow these rules and requirements, we invite and welcome your application to be a Calhoun County Sheriff’s Office Explorer Program.

## CALHOUN COUNTY SHERIFF’S OFFICE EXPLORER

## APPLICANT REGISTRATION FORM

### READ THE FOLLOWING INFORMATION CAREFULLY AND COMPLETELY

Those persons responsible for accepting applications into the Calhoun County Sheriff’s Office Explorer Program will evaluate this registration form. It will be reviewed as part of a background investigation into your personal history.

All applicants are required to complete this registration form as part of the application process.

ANY FALSE, MISLEADING OR INCOMPLETE INFORMATION OR FAILURE TO FOLLOW INSTRUCTIONS LISTED BELOW WILL BE GROUNDS TO DISQUALIFY YOU FOR MEMBERSHIP IN THE CALHOUN COUNTY SHERIFF’S OFFICE EXPLORER PROGRAM.

FOLLOW THESE DIRECTIONS CAREFULLY:

* Use black ink to complete this registration form.
* Complete the forms in your own handwriting. DO NOT TYPE.
* Read each question carefully.
* Answer each question accurately and completely.
* Answer all questions.
* If a question does not apply to you, write “N/A” in the box.
* If you need additional space, write answer on a separate piece of paper and attach.
* You must submit with this application a copy of your Birth Certificate, Social Security card, Drivers License (if applicable) and your most current report card.
* Recent school or passport size photo.
* Before returning, make sure all required signatures are completed.

Events such as traffic tickets or Police interaction may not necessarily be a reason for not being accepted into the Explorer Program, but failure to provide complete disclosure of these past incidents will be grounds for refusal of admission to the program. Be completely honest in this application.



# Calhoun County Sheriff’s Office

## Explorer Program

**Enrollment Application**

Name:

(Last, First)

DOB:

Address:

(Street)

(City, State Zip Code)

Home Phone: Cell Phone:

Place of Birth: Are you a United States Citizen:

If Naturalized, Give Date: / / Social Security Number:

Drivers License Number:

Height:

Weight: lbs. Sex:

Hair Color:

Eye Color:

Are You Required to Wear Glasses/ Contact Lenses? :

Eye Sight:

(Ex: 20/40)

Mother’s Name: Home Phone:

Address:

(Street, City)

Cell Phone:

 Work Phone:

Father’s Name: Home Phone:

Address:

(Street, City)

Cell Phone:

 Work Phone:

School: Grade Level:

Name of SRO: GPA:

How Did You Hear About Explorers? :

Were You Recruited? : If Yes, By Whom? :

Have You Ever Been Suspended From School? : If Yes, When and Why:

Have You Ever Been Arrested? : If Yes, When and Why:

List Your Interests, Hobbies, Clubs, Activities, and Honors at School:

Are You Planning a Career in Law Enforcement? :

What Do You Feel You Can Bring To the Program and the Calhoun County Sheriff’s Office?

Applicants Signature: Date:

Explorer Program Personnel: Date:

# Health History

## Questionnaire

Applicant’s Name: DOB:

Address:

City:

Zip:

Physicians Name: Phone:

Insurance Provider: Policy Number:

Answer the Following With Either a Yes or No to the Following Conditions You Have or Had:

 Asthma Fainting Spells Convulsions

 Diabetes Heart Problems Bleeding Disorder

 Allergies to Medication, Food, Insect, Etc. If Yes, Please List Which:

Do You Have Any Condition That Requires Regular Medication?

If Yes, Please Name Medication and How Often:

Do You Have Any Medical Conditions That Restrict You From Engaging in Physical Activities Such as Push Ups, Sit Ups, Jumping Jacks, Running and/or Heavy Lifting? :

Immunizations (List Date of Inoculation)

Tetanus Toxoid:

Diphtheria:

Polio:

Measles/Mumps/Rubella:

Pertussis:

## Medical Release

In the matter of , I/We know of no health or fitness restriction that precludes the participation in the Explorer program for Calhoun County Sheriff’s Office Explorer Program, sponsored by the Calhoun County Sheriff’s Office.

In the event of serious illness or injury to while involved in this activity, I/We consent to emergency medical treatment, x-ray examination, anesthesia, medical or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the emergency medical technician/ paramedic and the attending physician, and is performed under the supervision of a member of the medical staff of the hospital furnishing the medical service.

It is understood that in the event of a serious illness/injury, reasonable efforts to reach me/us will be attempted.

## Verification Statement

I affirm that this registration form contains no misrepresentations or falsifications, omissions, or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this registration form are subject to later investigation. I am further aware that should any investigation disclose any misrepresentation, falsification, omission, or concealment or material fact, my application may be rejected and I will not be eligible to become an Explorer with the Calhoun County Sheriff’s Office.

I realize that it is necessary for the Calhoun County Sheriff’s Office to thoroughly investigate all aspects of my personal background in qualifications. By applying to be a volunteer with the Calhoun County Sheriff’s Office, I expressly waive all my legal rights and causes of action to the extent that the Calhoun County Sheriff’s Office investigation (for purposes of evaluating my suitability) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

The undersigned further agrees to hold harmless and release from liability, under any and all possible cause of action, Calhoun County, the Calhoun County Sheriff’s Office, the Sheriff, their Deputies, and employees for any statements, acts, omissions in the course of the investigation into my background, family, personal habits and reputation, and my mental and physical health.

I also agree to participate in the Explorer activities if accepted into the Calhoun County Sheriff’s Office Explorer Program. I agree to exonerate and hold blameless the Sheriff of Calhoun County, its Deputies, Advisors and Explorers in the event of any accident or injury which may occur as a result of my participating in the Exploring activities with this organization.

Applicants Signature: Date:

Parent/Guardian Signature: Date:

## Parent Authorization

The information in this application is correct to the best of my knowledge, and the person herein described is authorized to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the Physician, selected by the representative of the Calhoun County Sheriff’s Office (Adult Leader) to hospitalize, secure proper anesthesia, and/or to order injections for my son/daughter. I agree to exonerate and hold blameless the Calhoun County Sheriff’s Office, its Sheriff, Deputies, Advisors and Explorers in the event of any accident or injury which may occur as a result of my participating in the Exploring activities with this organization.

Signature of Parent/Legal Guardian: Date:

State of

County of

**BEFORE ME**, an officer duly authorized by law to administer oaths and take acknowledgements personally appeared as , and acknowledged he/she executed the foregoing agreement and that its contents are true and correct.

**IN WITNESS OF THE FOREGOING**, I have set my hand and official Seal in the County and State aforesaid on this day of , 20 .

Notary Public (Seal)

My Commission Expires: