



JACKSON COUNTY SHERIFF'S DEPARTMENT
EXPLORER POST 519
APPLICATION



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Mission Statement

The mission of the Jackson County Sheriff Explorer Program is to develop responsible, educated, disciplined, and competent youth in our community. This program strives to offer the explorers an opportunity to build the characteristics and qualities needed to become a respectable citizen of Jackson County in addition to awareness of the complexities of law enforcement services. Utilizing the acquired knowledge of our explorer post members, we will efficiently serve the community and instill the basic tenets of civic responsibility; which will reflect positively on the Jackson County Sheriff Department and the Explorer Program.



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I. REQUIREMENTS

- Parental consent and support
- U.S. Citizen
- 14-18 years of age
- Not a member of any other law enforcement agency or fire department
- Active student or full time job
- Maintain a "C" average
- Have a cell or home phone
- No criminal record
- Pass a background check
- Submit fingerprints
- Attend meetings and functions

II. APPLICATION

- Complete the application
- All areas must contain an answer or be marked "N/A" for Not Applicable
- Incomplete applications will not be processed
- Medical Release Forms and Hold Harmless Release forms must be notarized (One form for each Parent/ Guardian must be completed.)
- All Character references must have complete information
- Return to:

Jackson County Sheriff's Department
Explorer Post 519
3104 Magnolia St.
Pascagoula, MS 39567

III. ACCEPTANCE OR NON-ACCEPTANCE

- You will be notified within 3 weeks of your application being submitted
- If you are accepted you will be contacted for Orientation
- If you are not-accepted you will be notified on the reason(s) for denial

****NOTE****

Law Enforcement Explorers are a division of The Boy Scouts of America. All work and services are done voluntarily. All donations for services will go into the Explorer General Fund. You will be expected to attend all meetings and Public Functions when not interfering with school or your personal job. Repeated unexcused absences will be grounds for dismissal. Full disclosure of any criminal and traffic violations is required. Failure to submit all violations may result in denial of entry into the organization.

New Explorers will be required to attend a four (4) hour Orientation



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PERSONAL INFORMATION									
Last Name		First Name		Middle Name		Suffix	Age	Sex	Date of Birth
Home Address				City	State	Zip	Place of Birth		
Height	Weight	Hair Color	Eye Color	Race	Driver's License #		DL State	Expires / /	
Home Phone () -			Applicant's Cell Phone () -			Social Security #			
Previous Address(s) Last Five Years									
1.									
2.									
3.									
Father's Name				Father's Address				Cell Phone # () -	
Mother's Name				Mother's Address				Cell Phone # () -	
Fathers Employer		Phone # () -		Mother's Employer		Phone # () -			
Whom do you live with?									
EDUCATION BACKGROUND AND EMPLOYER HISTORY									
Name of School Attending:					Address of School:				
Phone # () -		Last Grade Level Completed			College Only: Course of Study				
List Any Sport, Clubs, or Social Organizations:									
Current Employer		Occupation				From Date / /		To Date / /	
Business Address (Including City, State, and Zip Code)						Phone # () -			
Employment History for Past Five Years									
Company Name		Occupation		Address		Phone # () -		Supervisor	Dates Employed
1.						() -			
2.						() -			
3.						() -			
Previous Explorer Y <input type="checkbox"/> N <input type="checkbox"/>				Where?			When?		
Why did you leave?				Name of Advisor?			Phone # () -		



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CRIMINAL HISTORY AND DRIVING RECORD

1. Have you ever been arrested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you ever been convicted of a crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Has your license ever been suspended or revoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you ever been suspended or expelled from school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Have you used any kind of illegal drugs within the past year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Traffic citations and accidents for the past two years:

If you answered "Yes" to any of the questions above (1-5), Explain: (Additional space is provided on Page 9 You must explain in full.)

CHARACTER REFERENCES

References: Do NOT use Family members as references. List 3 individuals over the age of 21.
(Please list name, complete address with zip code, and telephone number)

Name	Occupation	Years Known	Phone Number # () -
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Address

Name	Occupation	Years Known	Phone Number # () -
------	------------	-------------	-------------------------

Address

Name	Occupation	Years Known	Phone Number # () -
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Address

GENERAL INFORMATION

Do you have any pertinent Medical Information?

Will any thing prevent you from physical activities?

Are you allergic to anything? Do you carry and Epipen?

Please explain why you wish to be a Law Enforcement Explorer for the Jackson County Sheriff's Department.



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EMERGENCY INFORMATION

In Case of emergency, please notify (Other than your parents):

Name	Address
Relationship	Phone Number(s) () - () -
Name	Address
Relationship	Phone Number(s) () - () -

TERMS AND SIGNATURE

Failure to list all material facts in filling out this application will be grounds for denial or dismissal from the Jackson County Sheriff's Explorers. All applications must be filled out completely and turned in with a NON-RETURNABLE COLOR PHOTOGRAPH (at least a 4x6) of the applicant.

I understand that for security reasons a basic clearance check/ background will be conducted and I will be fingerprinted.

In signing, I do hereby certify that all information contained in this application is correct and accurate to the best of my knowledge. I further authorize the Jackson County Sheriff's Department to verify criminal history and driving records as part of the background process. If accepted to perform volunteer duties for the Jackson County Sheriff's Department, I understand I may be privy to confidential information and promise to respect and maintain all that confidentiality whenever presented with it.

Applicant Signature	Date
Parent Signature	Date

PARENTAL/ GUARDIAN PERMISSION

I do hereby give consent for my son/daughter _____, to participate in the Jackson County Sheriff's Explorer Program.

RELEASE OF LIABILITY

I further hereby remise, release and forever discharge and agree to hold harmless, the Sheriff individually and in his capacity as Sheriff of Jackson County, and any and all Deputy Sheriff's of Jackson County, Mississippi, officially and individually, and Jackson County, Mississippi, it's employees, agents and assigns, of and from any and all manner of actions, cause or causes of action, suits, debts and sum of money, claims and demands whatsoever, in law or equity, which may arise as a result of participation in the Jackson County Explorers.

Signature of Parent/ Guardian _____ Relationship _____

Signature of Parent/ Guardian _____ Relationship _____

STATE OF MISSISSIPPI
COUNTY OF JACKSON

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS DATE, THE _____ DAY OF _____, 20____

Notary Public Signature



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HOLD HARMLESS AND RELEASE FORM

The undersigned, parents or guardians of _____ a participant of The Jackson County Sheriff's Department Explorer Post No.519, hereby indemnifies and holds harmless the Jackson County Sheriff's Department, its agencies and employees, specifically including any and all deputies or personnel involved with the supervision and control of the Jackson County Sheriff's Department Explorer Post No. 519 from any claims of any kind whatsoever or of any nature for injury to the person or damage to the property of _____, he/her parents, siblings, or heirs. This indemnity and hold-harmless agreement shall be considered a complete and total waiver of any and all liability on the part of the county of Jackson, its servants, agents, or employees, and particularly the deputies engaged in the supervision and control as set forth herein above.

Explorer Signature

Date

Signature of Parent/ Guardian, Signed in Presence of Notary)

Date

Subscribed and sworn before me by _____, this _____ day of _____, 20____, who is personally known to me or has produced (ID Type) _____ as identification.

Signature of Notary Public

(Notary name typed, printed, or stamped)

Commision Number _____ My Commission Expires _____



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MEDICAL RELEASE FORM

I know of no health or fitness restriction that precludes the participation of Explorer _____ in the Explorer Ride-Along program for Explorer Post No. 519, sponsored by the Jackson County Sheriff's Department.

In the event of serious illness or injury to _____ while involved in this activity, I 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 services.

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

Parent/ Guardian Name _____ Relationship _____

Parent/ Guardian Signature _____ Date _____

Emergency Phone Numbers

Home () _____ Work () _____

Cell () _____ Other () _____

Signature of Notary Public

(Notary name typed, printed, or stamped)

Commision Number _____ My Commission Expires _____

Advisor Approval _____ Date _____



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Additional Space (If Needed)



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INFORMATION SHEET

Last Name	First Name	Middle Name	Suffix
Birthdate	Age	Cell Number	Other Phone
Physical Address	City	State	Zip

School / Employer Information

School Name	Grade	Phone Number
Employer Name	Supervisor's Name	Phone Number

Parent Contact Information

Mother's Name	Phone Number
Address	Alt. Phone Number
Father's Name	Phone Number
Address	Alt. Phone Number
Step Mother's Name	Phone Number
Step Father's Name	Phone Number

Whom do you live with?

Emergency Contacts Other Than Your Parents

Name	Relationship
Home Phone	Cell Phone

Medical Information

Any Allergies (Food, Medications, Insects, Etc.)	Side Effect

Pertinent Medical Information (i.e. Asthma, Seizures, Heart Problems, etc.)

Medications Currently Taking and Dosage

Parent Signature	Date
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